

THE AMERICAN JOURNAL OF NURSING

VOL. XXV

MARCH, 1925

No. 3

THE NURSING CARE OF TWO MENTAL PATIENTS

BY ALICE HOLDEN STOBBS, R.N.

THE description of the nursing care of the two following patients in a hospital which specializes in the care of mental and nervous disorders is given in the hope that it may be of practical value to nurses who are caring for mental patients in their own homes or in sanatoria not especially adapted to the care of such cases. When once the principles that underlie the various treatments are understood, a resourceful nurse can manufacture with the materials at hand in a private home the equipment helpful in the care of mental patients, and the methods of mental hospitals as to occupational and physical activities can easily be adapted by a nurse with a well rounded training and personal experience.

CASE I

The first case described we will call Miss A., an excitement of a delirious type. She was a young woman, a nurse by profession, who had become exhausted by post-war relief work where the strain was emotional as well as physical. When she was admitted, she was most emaciated, her bones seemed almost to pro-

trude through her skin; she was most restless and excited, singing or muttering to herself in an unintelligible jumble of words as she paced restlessly around her room. She was totally out of contact with her surroundings and probably a little frightened, but being of an energetic, positive nature, was inclined to show her fright in aggressive rather than propitiatory ways. Very tall, very blonde, with piercing blue eyes, she was an unforgettable figure.

The first problem with her, as with so many mental cases, was to build her up physically. This, at first, seemed a disheartening task. Her appetite was poor and somewhat capricious, and even when we found the dishes that she cared for particularly, such as salads, puddings with much cream and sugar, and ice cream, we could not seem to make her gain for many weeks. We had to learn, too, how as well as what to feed her. Patients differ very much in this respect and the nurse has to find out what is the best method of procedure in each individual case. Sometimes such cases have to be spoon-fed the entire meal; sometimes the patient will eat well, herself, after the first few mouthfuls are

spoon-fed; sometimes the nurse need simply sit by the patient and remind her that she must finish her meal. In Miss A.'s case the best way we found was to give her a tray and go out of the room and leave her alone—interruption often brought disaster.

Equal in importance to food, in building her up physically, was sleep, and this seemed even more disheartening a task. The problem of getting a patient to rest and relax is, too, an individual problem. She slept only a very few hours, sometimes not at all. Occasionally she would sit propped up in bed muttering to herself, but usually when not asleep she would walk endless miles around her bed singing and talking till her voice was little more than a hoarse whisper. Packs did not seem to help,—being of an extremely independent nature, whatever savored of restraint irritated her intensely; continuous tubs were the most helpful treatment. This, too, is an individual problem. Some patients are frightened by the water and ask for packs instead, while others splash about contentedly and doze at intervals who would be most agitated by a pack. Miss A. liked the baths; the well darkened room, the warmth and quiet, the monotonous gurgling of the water, the iced compresses, the occasional cold drink—all combined to make her relax. She had to be watched rather carefully, however, to see that she did not become exhausted as she was really not at all strong in spite of her restless activity,—the appearance of excited patients often being deceptive to an inexperienced observer. We kept her in the tub about an hour and a half, twice a day, for some time. Usually, the results were very good, but occasionally,

for no apparent reason, she would suddenly sit up in the tub and become very disturbed. It was no use trying to quiet her; she had to be taken out at once or whatever good had been gained would have been lost completely. Many weeks afterward she explained her conduct. She was frightened, she said, by the stitching on the canvas hammock which seemed to her myriads of eyes gazing steadily at her—another example of the fact that the behavior of a mental patient, however inexplicable it may appear to the observer, is based upon what are perfectly sensible grounds to the patient. Occasionally an experienced and intuitively sympathetic nurse can guess at the delusion—more often we have to wait till the patient is well enough to explain it herself.

Drugs had been tried, to some extent, to quiet Miss A. but, as is the case with many such patients, the mental condition became worse; she became exceedingly irritable, assaultive, and delusional, and she slept only a very little more. Directly the drugs were cut, she became much as she was before they were started, and no further attempt was made to quiet her with medicine.

Out-door air is always most beneficial to mental patients,—there seems to be nothing that does a manic or agitated case quite so much good as to lie wrapped up in a steamer chair on the lawn, basking in the sunshine. Unfortunately, Miss A. came to us at the beginning of winter and she could go out of doors only well wrapped up, and sitting still was out of the question. Unfortunately, too, there was something about the snow that excited her; in her delirious mutterings there were repeated references to snow and ice, it stirred up

some hidden source of uneasiness, and she often had to forego the outdoor air that she seemed to wish for, as well as to need physically.

The first phase of her sickness consisted, then, chiefly in building her up physically by food and fresh air, and in keeping her as quiet as possible by packs, baths, and such tact and persuasion as could be expended. No mention has been made of the general daily care of such patients; they represent, in mental nursing, the kind of care that a very sick bed patient does in general nursing. From morning till night the nurse has to think for the patient. She has to wash her, or tell her how to wash herself, she has to brush her teeth, to care for her mouth, to comb her hair, to dress her or to hand her each piece of clothing in proper order, to take her to the toilet at regular intervals, to see if she is too hot or too cold, and so on through the day with more or less coöperation or even resistance on the part of the patient. Miss A., during the first part of her illness, was a very difficult patient to help in this routine care.

Then followed the second stage of her sickness, that stage in mental patients that is always attended with such interest and suspense, the stage in which the patient begins really to come in contact with the actual world, first for brief moments, then for longer intervals, with the background of delusion becoming dimmer and dimmer until at last the patient is in constant touch with actualities. It is a period of suspense because sometimes these fleeting moments of rational outlook, instead of becoming longer and more frequent, are very transitory indeed, and the mind turns backward instead of forward and

the mental future of the patient becomes very dubious. It is at this stage of the illness that the nurse needs particularly to call upon her resources of tact and judgment. As Miss A. became better, she became aware she was in a mental hospital; in other words, she was becoming oriented, a very good thing,—but the fact that she recognized her surroundings made her recognize the fact that she was “crazy,” as she said, and this made her extremely disturbed, not so good a thing. She gradually did some knitting, a cotton wash cloth, and it required some judgment to know just how far to urge her to keep on doing work, which represented a contact with normal ordinary interests, and when not to urge her too far for fear that her slender thread of nervous strength might snap. A mental patient's first contacts with reality usually lie along the line of their special normal interests, so Miss A., at the very beginning of her turn toward the better, gave very efficient “first aid” to a patient who thrust her arm through a pane of glass and severed an artery. She knew what to do and did it promptly, though a few moments before and a few minutes afterwards, she was apparently a totally irresponsible person. Then, again she would turn from her day dreaming and muttering to help us with an hysterical patient who had frequent convulsions. We could never interest her in bed making, however, though she was a nurse. Then in little ways, by a bit of sewing or knitting, by getting her to write a letter home, by showing her an interesting picture or story in a magazine, by doing her hair more becomingly, by a word or two of explanation or comment on a sick patient, by a request for help in

some little task on the hall, we helped her to grope her way out of her world of delirium into that of reality.

At the end, it took her only a very short while to "clear," as we say. Then the rest was easy, though slow. For several weeks she sat quietly reading or sewing or doing nothing, completely tired out after the long strain of work and illness, and there was little for the nurses to do then except see that she had plenty to eat and drink. She left us after about a year's stay in the hospital, and the contrast between the pitiful, delirious shadow of a person who came in, and the sensible, self-reliant, robust person who left us was most striking.

CASE II

The second case, which we will call Miss B., presented a totally different picture. She was a young girl about 15, who had been a very normal person up to a few months previous when, after a failure in a Latin examination, she had become excited, then gradually more and more quiet until she became stuporous. On admission, she was very thin, weighing only eighty-three pounds. She was mute, she lay in a motionless rigid posture, with her eyes closed, though blinking rapidly at times, and she remained in bed in this condition for about two weeks, before any change occurred. Though it was impossible to determine exactly, the doctors felt that she was in good contact with her surroundings, and that underneath her blinking eyelids, she saw everything that went on around her. In some ways, she was a considerable care. She was somewhat negativistic—if you asked her to open her mouth, she shut her lips together—and she did absolutely nothing for herself.

She was spoon-fed with some difficulty, though if fed very slowly, she would in the course of time eat a fair amount of food for a person who was absolutely motionless. If lifted out of bed and supported on either side she would shuffle along to the bath room, though she was almost a dead weight. She was absolutely incontinent, and made no effort to be of any help to the nurses when changing the bed. Thus she needed a good deal of nursing care, though not of a very difficult nature. Any effort at arousing her attention met with no response.

Things went on in this way for two or three weeks, then she began to be a little more active. Her eyelids twitched a little more, and her hands at times; sometimes her eyes would open wide, then there would be intervals when she would lie in an easy relaxed position. Daily massage seemed to help in lessening the muscular rigidity. Then, gradually, she ate a little better, and would require less and less help in walking. Then for a few hours a day, she would be dressed and sit in an easy chair with the other patients. Of course, all this was accompanied by much coaxing and encouragement and praise from the nurses. Every one who went through the hall made a point of praising her. "Just see what pretty eyes she has—why don't you always keep them open?" "Just see how much better she is than she was yesterday!" "Just see what she is doing now!" When she first walked by herself, there was almost a celebration on the hall. Of course, by this time she was talking a little. For days all she would say was "Yes" or "No" and "I'm a good little girl, please don't harm me," and then some days

later, "Please give me something to eat." All this was repeated over and over in a high-pitched childish monotone.

In all this period, her behavior was that of a child of five or six. By this time the doctors felt that, though the coaxing and petting was of great help in pulling her up out of her stupor, it was not so helpful in bringing her up to her correct mental age. We explained to her that she was no longer a "little girl," but a "young lady," and should act as such, and for days people passing through the hall were amused at the high-pitched childish voice, "I'm a nice young lady, please don't harm me." But this phase, too, passed and her conversation became normally varied, though usually very immature.

From now on the nursing problem was how to make this girl of fifteen talk, behave and think like the normal girl of her age, as she had formerly done. It is very difficult for a girl in such a position not to be spoiled in a hospital

where she has no one of her own age to compete with or no younger children before whom she has to assume a responsible attitude. But a little wholesome neglect helped. Then we insisted on her keeping up to a certain standard. We had praised her, before, when she did anything; now we praised her only when the work itself justified the praise. We insisted that she be neat in her personal appearance, and we tried to insist that she keep her room and her dresser drawers in order. We insisted that she be ready promptly to go with the group to the occupational building and out of doors with the physical aids for golf or a walk or some other activity. The work was slow, but perhaps as successful as might be expected in a hospital which is not a very normal place in which to inculcate normal behavior in a child, and when she left she was able to resume her place in the family and among friends of her own age in a very satisfactory manner.

EXPERIMENTAL WORK IN MUMPS

Six groups of children, comprising eighty-one in all, exposed to epidemic parotitis at different times, were immunized with an average injection of 3 c.c. of convalescent serum within a period varying from the first to the sixth day after exposure. Only one of these patients developed mumps; but eleven were discharged from observation before their possible incubation period was over, and the results in these eleven immunized patients are not known. The remaining sixty-nine showed no signs of the disease. The convalescent blood used for this immunization was taken from healthy adult donors, who were Wasserman negative and clinically free from any active sign of tuberculosis, between the extremes of the tenth and the twentieth day, usually on the fourteenth or sixteenth day of their disease.

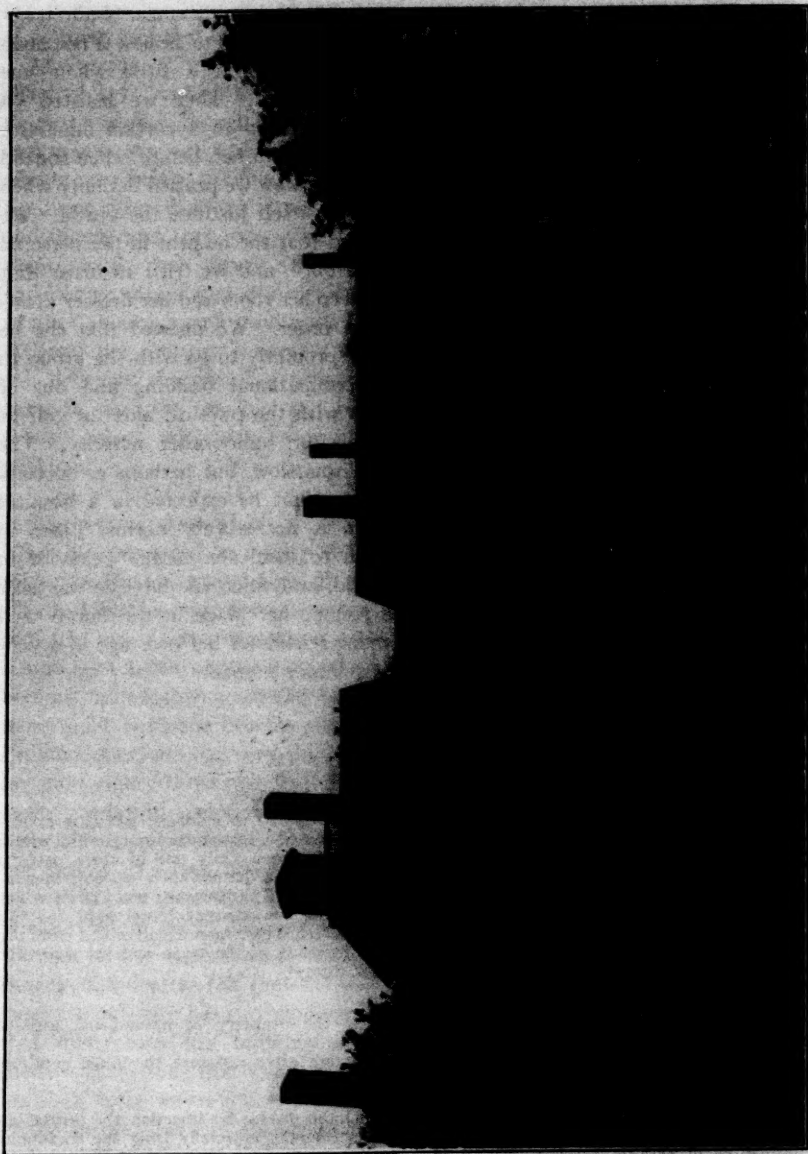
CONCLUSIONS

1. Convalescent parotitis serum seems to possess the property of immunizing exposed susceptible individuals.
2. It should be administered before the seventh day after exposure to afford complete immunity.
3. The dosage should be between 2 and 4 c.c.
4. The possible value of the method of modifying the disease by injecting the serum late in the incubation and in somewhat large doses deserves thought, especially from the standpoint of prevention of orchitis.

JOSEPH C. REGAN, M.D.,

"Serum Prophylaxis of Epidemic Parotitis,"

Journal of the American Medical Association, January 24, 1925.



THE CLEVELAND NURSING CENTER

CENTRALIZATION OF NURSING IN CLEVELAND

I

THE NURSING CENTER

BY ELIZABETH HODGINS, R.N., AND M. JOSEPHINE SMITH

THE Cleveland Nursing Center was opened in May, 1920, and was the outcome of a request made in June, 1918, by the Council of National Defense, that Cleveland make an experiment in Community Nursing, with the object of utilizing in the most economical way all its available nursing strength. The local Committee on Nursing undertook to try out such an experiment; and it was soon realized that in order to centralize the various nursing interests and bring the groups more closely together it was necessary to have "a local habitation and a name." This was generously provided by Mrs. Chester C. Bolton, Jr., who, with her sister, Mrs. Dudley Blossom, and her two brothers, William Bingham and Harry P. Bingham, offered the "Perry House" for use as a Nursing Center.

The lower part of the Center is used for educational, recreational and social purposes; while the second floor is rented as office space by various nursing organizations, these rentals providing the larger part of the upkeep expense. There are also a few rooms available as guest rooms, which may be rented for a limited period by nurses from out-of-town.

The responsibility for the government of the Center is placed in the hands of a Board of Governors, on which all nurs-

ing groups in the city have representation; and an Executive Secretary, Elizabeth C. Hodgins, R.N., is in charge.

The organizations having office space in the Nursing Center at the present time are:

District No. 4, Ohio State Organization of Graduate Nurses; and the Central Registry of the District.

The Central Committee on Nursing, which includes the Committee on Nursing Education.

The Visiting Nurse Association.

The St. Barnabas Guild for Nurses.

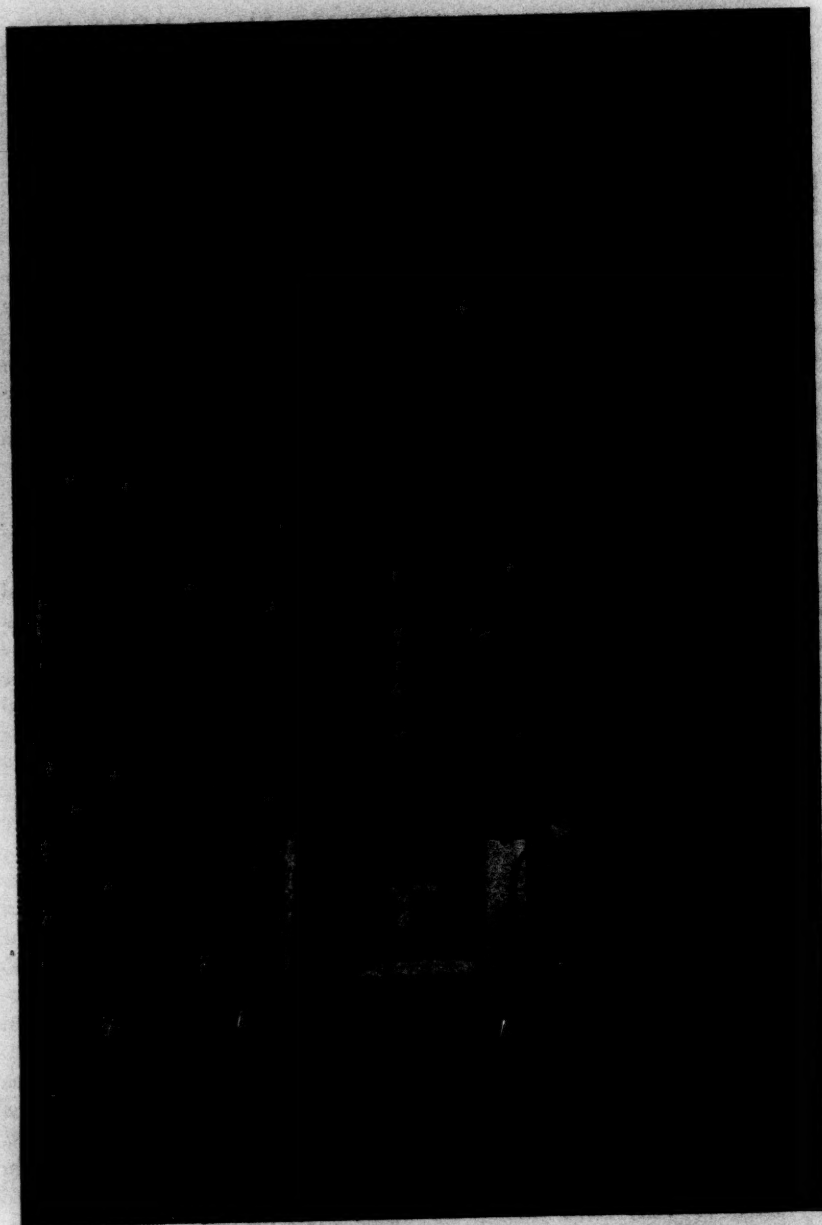
The Cleveland Dietetic Association.

The Isabel Hampton Robb Memorial Association of Cleveland maintains a large room in the Center as a lecture hall and for recreational purposes. The American Red Cross and the Industrial Nurses' Club have representation on the Board of Governors; and District No. 4 appoints representatives of its Sections on Private Duty, Education and Public Health.

The number of bookings for meetings, lectures and other gatherings averages about 550 in the year, covering thirty or more nursing groups; from 90 to 100 house guests are entertained in the several guest rooms. The activities in 1924 included a Fair held by the St. Barnabas Guild for Nurses, at which the various hospitals provided stalls, the proceeds from which totalled over \$2000.

During 1924 the disastrous Lorain tornado gave excellent opportunity to demonstrate the usefulness of the Nursing Center along the lines of the original

Note: An illustrated article, giving the early history of "Perry House" and its organization as a Nursing Center, appeared in *The Public Health Nurse* of November, 1920.



THE LOUNGE—CLEVELAND NURSING CENTER

idea. At that time it was found that the entire control of the nursing situation was in the Center, through the groups located there, and the local Red Cross

Committee could be put in touch immediately with all available nurses, the Center itself becoming automatically the headquarters of the nursing activity.

II

THE CENTRAL COMMITTEE

By M. JOSEPHINE SMITH

SINCE the year 1913 there has been in Cleveland a committee known as "The Central Committee on Public Health Nursing," which, in a rather unusual and outstanding way, has served to unify all public health nursing activities in the city and to maintain an equal standard for all public health nursing groups. After functioning quietly and effectively for more than ten years this committee, at the beginning of 1924, completed an important evolutionary step by extending its activities to include the work of recruiting students for the nursing schools of the city, and, by bringing into its membership the superintendents of nurses of all the accredited hospitals in Cleveland, providing an advisory council capable of acting in regard to nursing matters generally.

Because the Central Committee on Nursing is somewhat unique, we think that nurses and those interested in nursing organizations may be glad to know something of its history, composition, past achievements and hopes for the future.

In Cleveland, as in so many other cities, the Visiting Nurse Association was the center from which radiated all other forms of public health nursing activity. Founded in 1901 with a staff of four nurses, by 1912 there were 93

nurses working in the city, all procured by the Visiting Nurse Association, given some social training on the staff, wearing the same uniform, conforming to the same rules and requirements, called members of the visiting nurse staff and having membership in the Visiting Nurse Club; yet most of them under the direct control and supervision of other organizations, medical directors or municipal boards. While this overhead responsibility of the Visiting Nurse Association had the important result of unifying standards and ideals of work, it was carried at a certain cost to the Association, and the selection of nurses to maintain the steadily enlarging staffs had gradually become quite a serious undertaking. Towards the end of 1912, therefore, the Board of Trustees of the Association recommended:

That a Central Committee on Public Health Nursing be formed to represent all the forms of public health nursing now done in Cleveland as recognized by the National Organization for Public Health Nursing.

That this committee consist of two representatives from each board or organization supervising its own nurses, one to be the supervising nurse (or if there is none, to be the medical director), the other to be a lay member.

That the committee be presided over by a chairman unanimously elected by the committee from outside its own members, and

That this committee have charge of all such business as is common to the entire group of public health nurses in Cleveland.

In order that the committee might have, at the outset, the prestige necessary to attract the right type of nurse and to send her into the field with the *esprit de corps* emanating from an established and recognized body, it was attached to the Visiting Nurse Association; but when once the committee was fully established this connection was severed, and it became independent, maintaining its own office and secretary. The small budget required was subscribed in equal proportions by the various member organizations.

The selection of nurses for the several staffs was entrusted to a sub-committee on Eligibility, consisting of the nurse superintendents, presided over by the chairman of the Central Committee, and meeting weekly. All applications from nurses desiring positions in Cleveland are carefully gone over by this sub-committee and decisions are made in accord with definite standards laid down. Any vacancies on the staff are reported to the same group, and appointments are made from the list of eligible applicants, these appointments being subject to ratification by the Central Committee as a whole.

Other committees have been appointed from time to time to deal with special matters, but the Committee on Eligibility has for ten years carried on a steady piece of routine work—through the difficulties of war and post-war days—with the same standards, with practically the same procedure, modified only from time to time in slight details, as occasion required. Its work has been eminently satisfactory to the member or-

ganizations, and it is safe to say that none of these groups would be willing to consider procuring their staff nurses in any other way. In addition, the constant meeting of the superintendent nurses round a table in a routine and yet sufficiently informal way has helped greatly to maintain a friendly and coöperative relationship between the individual staffs. While the committee cannot take formal action on any matter outside its routine business, many incidental problems are discussed in a friendly way, and the experience of each is placed at the disposal of all. Furthermore, a very fine spirit of comradeship is developed, and at those times when the supply of nurses is not by any means equal to the demands, the difficult decision as to the distribution of few among many is always and unanimously made with a view to the greatest need, and with no thought of merely selfish interest.

From time to time questions of importance affecting all the staffs have been brought to the Central Committee for discussion and recommendation. Such questions as salaries, uniforms, and other matters of general policy have been dealt with; and while the Committee can only make recommendations in such cases, yet, since it is composed of authorized representatives of all the boards which are affected by its decisions, it can readily be understood that these decisions carry very great weight.

In 1921 the Central Committee was accepted as a member of the Welfare Federation, and since that time its financial support has come directly through the Community Chest.

When the Cleveland Hospital and Health Survey was made several years

ago, under the leadership of Dr. Haven Emerson, it was recommended that the Central Committee should accept as one of its functions "a campaign to recruit students for training schools." However, in 1921, a Student Nurse Recruiting Committee had been formed in Cleveland, in accordance with plans laid down by the national nursing organizations, and this committee was handling that problem. Its activities were sponsored by the Lake Division of the American Red Cross, through which it also obtained its financial support. In 1922 the name of this committee was changed to "Committee for Advancement of Nursing Education"; and towards the end of 1923 the Red Cross, feeling that it had carried this activity for a sufficient period to prove its value, approached the officers of the Central Committee with the suggestion that the latter take over the support and direction of this work. The request was carefully considered, and it was decided that the additional functions suggested by the Red Cross would come within the province of the Central Committee. Accordingly, the membership of the Committee on Nursing Education (which included the Principals of all the accredited Training Schools in the city) was taken over by the Central Committee (together with the Executive Secretary, Frances B. Latimer, R.N., who continues to have charge of this work); and since, with the assumption of these new duties, the Committee no longer confined itself to public health nursing activities, its name was changed to "Central Committee on Nursing."

Since January, 1924, therefore, a new vista of opportunities has opened and many new responsibilities have been un-

dertaken. It was very soon suggested that, since the Committee on Eligibility had proved so successful in handling the appointment of public health nurses, a similar committee, to have charge of obtaining institutional nurses in Cleveland, might prove very helpful in solving the problem of the hospitals, in so far as the supply of graduate nurses for general and charge duty was concerned. The hospitals expressed their willingness to try the experiment, and for the past few months the Central Committee, through a Committee on Institutional Nurses, has been to some extent handling this problem. There are a good many difficulties involved in the undertaking, however, and while during the first eight months of the committee's activity, 314 inquiries have been received from nurses interested in institutional positions, 84 formal applications completed, and 39 nurses referred to various hospitals in Cleveland, it has not been by any means possible to take care of all the vacancies reported; and no attempt has been made to take over the whole problem for the hospitals, as it has been taken over for the public health staffs. It will take time, of course, to work out the solution of all the difficulties and to make the Central Committee, its purpose and standing, so well known that the best type of institutional nurse will use it—in so far as Cleveland hospitals are concerned—in the same way that public health nurses make use of it.

It would seem, however, that this activity should gradually become of more and more value to the hospitals and ultimately take a large share of this particular burden off the shoulders of the busy nurse superintendents. It means the elimination, also, of much

duplication, since many nurses who desire to make a change from one city to another write to several hospitals at one time, seeking a suitable vacancy. This necessitates a response from each hospital receiving an inquiry; and, in the end, it may well happen that the nurse does not write to the particular hospital which could use her services. By the Central Committee method, an application receives one answer, necessary credentials are completed once, and the applicant is referred to whichever hospital in Cleveland happens to require the particular kind of service which she may be equipped to give, and then she hears direct from that institution. This means advantage to both hospital and nurse.

Another activity is being tentatively tried, through the appointment of a Committee on Foreign Education. It has been found at various times that young women seeking to enter nurses' training schools have received their general education in some foreign country, and it has been difficult to discover the relative value of this education as compared with American standards. Nearly all the schools in Cleveland require high school education as the standard of entry; and in several instances very promising applicants have had to be refused admission because of the difficulty involved in proving their American educational equivalent. Young girls of foreign background often find it difficult to give the required information to insure full credit for the work they have actually done; subjects which they have studied carefully are overlooked or regarded as being outside the line of credit, unless a friend who knows is at hand to

advise them at the time they return their reports.

A striking example of the help which can be given in this connection occurred in the case of a student whose original return of information had allowed her a credit of only a bare year of high school; but after the Chairman of the Foreign Education Committee had gone over the matter with her, she was assisted to procure evidence of additional study in various directions which, upon submission to the State Examining Board, gave her full high school rating. This student was accepted by one of the large hospitals and during her first semester's work obtained the highest average of any student in her class.

It seemed, further, that a study might be made which would give the information necessary to obtain an evaluation of the educational systems of the principal European countries in terms of American education, and which would obviate the necessity of an investigation—always lasting over some months—which at present has to be made in each individual case. The Committee is working to obtain this information, and has asked the assistance of the Secretary of the Nursing Department of the League of Red Cross Societies, who has very kindly promised her full coöperation and help. The final evaluation in Ohio, must come, of course, from the State Examining Board at Columbus, but it is believed that this study will do much to simplify the preliminary steps.

The following diagram will give an idea of the Central Committee on Nursing as it is now constituted:

CENTRAL COMMITTEE ON NURSING IN CLEVELAND

Membership composed of Principals of 13 Schools of Nursing; Superintendent Nurses of 6 Public Health Nursing staffs; President of District No. 4 Ohio State Nurses Association; Representatives of Industrial Nurses' Club; Commissioner of Health; Director of Health Education in Public Schools; Director of Vocational Department of High Schools; Representatives of Boards of Hospitals and Public Health Nursing groups.

<i>Committee on Nursing Education</i> Recruits student nurses for accredited schools of nursing.	<i>Committee on Institutional Nurses</i> Acts as personnel bureau for staffing hospitals with general duty and charge nurses.	<i>Committee on Eligibility of Public Health Nurses</i> Appoints nurses to Public Health nursing staffs.	<i>Committee on Foreign Education</i> Makes study of foreign education and its comparative value in American standards.
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The Central Committee does not, of course, in any way enter the field of private duty or "special" nursing. Inquiries regarding such work in Cleveland are referred to the Central Registry of District No. 4; and in the same way, nurses desiring institutional or public health work are referred by the Registry to the Central Committee.

The regular meetings of the Central Committee, as a whole, are held quarterly; at these meetings reports are received from the various staffs, and many matters of consequence are brought up for discussion. When necessary, special committees are appointed to work out specific problems. These committees are not confined to the membership of the Central Committee but may include

any person whose services would be of special value to the matter under study. The most recent of these special committees was appointed a few weeks ago to make a study of the health and other conditions affecting student nurses in Cleveland. Various training schools are making a study of these conditions as affecting their own students, and the evidence thus gathered will be correlated through the Central Committee and made a permanent part of the records.

Cleveland has been a pioneer in many coöperative methods; and those who have known and used the Central Committee on Nursing have faith in its success in the larger field which it is now entering, and look forward to a future of quiet, steady achievement.

INSTRUCTION IN VENEREAL DISEASES

A representative of the U. S. Public Health Service wrote from Utah to his chief in Washington:

"I have to report that a training class of approximately forty nurses has been receiving special instruction in venereal diseases. A series of lectures was given by a local woman physician on the staff of the hospital and as a concluding measure in the program, the class was broken up into five groups and each group was taken to the venereal disease clinic where the work of the clinic was explained by the doctor, the clinician and the attending nurse. The State Board of Health supplied the hospital with pamphlets and literature which have been distributed to the nurses and I have had several interviews with the physician who gave the lectures on the control of the venereal diseases from the legal and educational phases. As a result of this experiment it is quite likely that subsequent classes will receive instruction of this kind."

HYPODERMOCLYSIS TECHNIC AT HARPER HOSPITAL, DETROIT¹

BY HELEN B. NORTH, R.N.

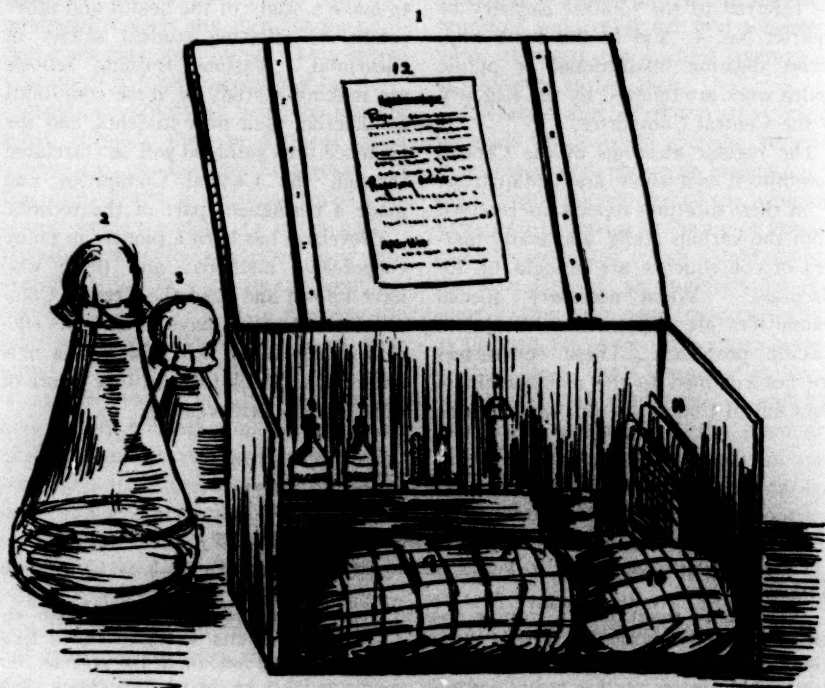
A WHITE enamel box, containing sterile equipment, viz.: rubber tubing, Kelly bottle, thermometer, Y-tube, two 19-gauge needles 2½ inches in length, asbestos cover, gauze wipes, two towels, alcohol, iodine, and dressing papers, is carried to the bedside.

¹ Illustrations by Margaret Gordon, Student Nurse.

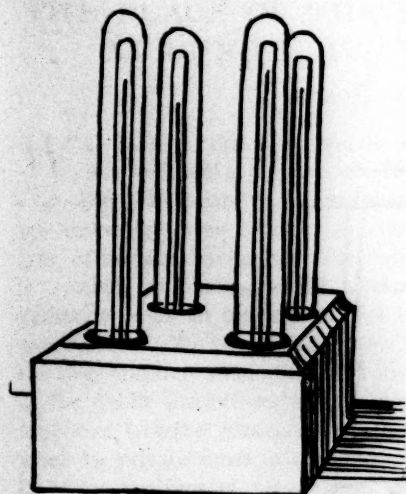
Two flasks, one containing hot saline, the other cold, are also taken to the bedside.

A cover, made of flannel, asbestos and rubber sheeting, is used around the Kelly bottle to maintain the temperature.

The needles are dry sterilized, the glass tube is 3 inches long and ⅛ of



1. Box, 10 inx10 in., 8 in. deep (Front removed to show contents)
2. 1,000 c.c. flask saline
3. 500 c.c. flask saline
4. Alcohol
5. Iodine
6. Sterile needles
7. Thermometer in alcohol
8. Adhesive plaster
9. Kelly bottle wrapped in sterile towel
10. Sterile tubing, 2 sterile towels, gauze wipes, wrapped in sterile towel
11. Dressing papers, for soiled gauze
12. List of equipment printed on cover



Block of wood in which the sterile needles are placed

an inch in diameter with one end sealed. The test tube used is $3\frac{1}{2}$ inches long and $\frac{3}{8}$ of an inch in diameter.

TECHNIC

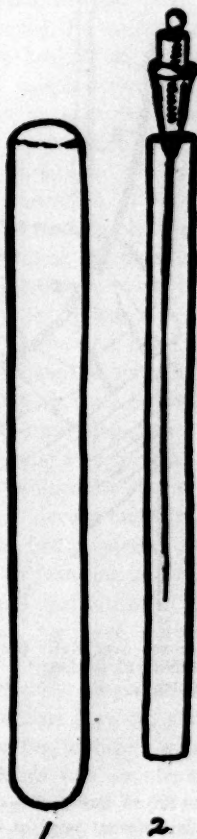
The site usually selected is underneath the breasts. The skin is prepared with iodine. One sterile towel is placed above and another below the breasts, so that only a portion of the breasts are uncovered. Allow the solution to run through the needle to expel the air and obtain the proper temperature, which is 110 degrees Fahrenheit tested by the thermometer between the tubing as shown in the drawing.

The needles are then inserted, one in each breast. A small piece of adhesive is used to keep them in place.

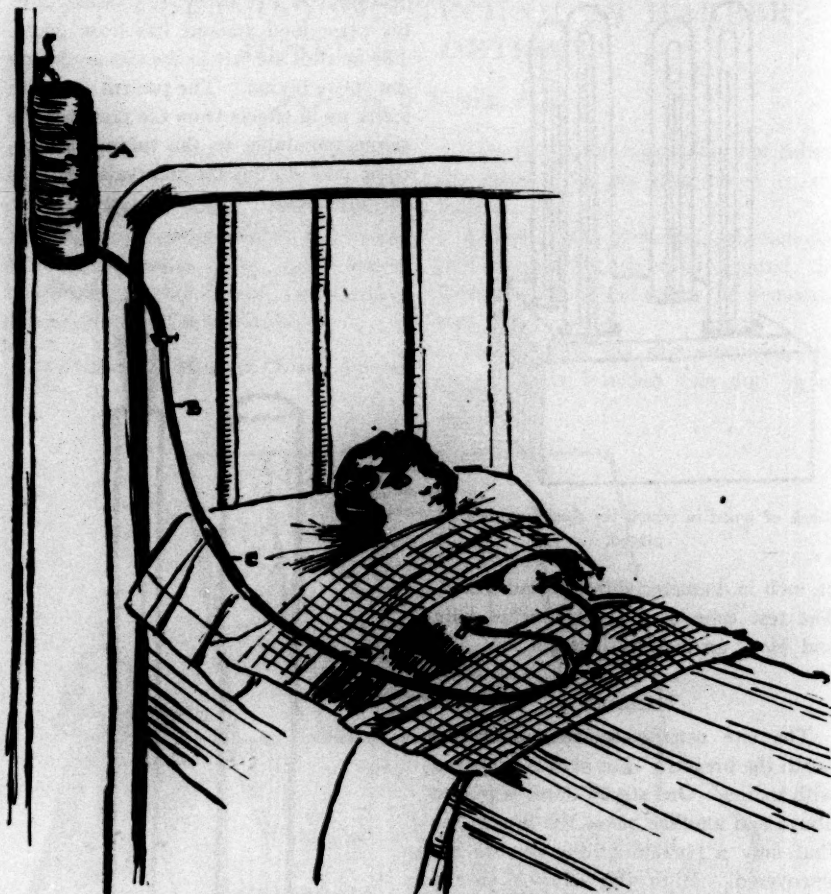
It is sometimes given as follows:

1000 c.c. for the first injection, re-

peating 200 c.c. every two hours until the prescribed amount has been given. The needles are left in the tissues during the entire period. The patient seems to suffer no ill effects from the fact that the saline remaining in the tubing has become cool during the intervals between the injections.



No. 1—Small tube
No. 2—Glass tube containing needle
No. 1 to be inverted over No. 2



A—Asbestos cover over Kelly bottle
B—Rubber tubing 22 in. long
C—Thermometer

D—Tubing 20 in. long
E—Y tube
F—Needles in position

APPEALING PUBLICITY

From the far-off East Indies comes a booklet of photographs with descriptive notes which gives a vividly poignant sense of the great need of the nursing service being developed at the Tjisaroea Hospital at Buitenzorg. Pictures of native ambulances, nothing more than hammocks swung from poles carried on the shoulders of native bearers, give some idea of the primitive conditions, while the picture of the hospital buildings against the beautiful background of the mountains is tangible evidence of the effort to push back the darkness of ignorance. Rose Frankauer and her associate, the only American nurses at the hospital, are now planning a similar booklet on the school of nursing.

THE PLACE OF THE STUDENT NURSE IN THE NURSING SERVICE OF THE HOSPITAL¹

BY HELEN WOOD, R.N.

WE have in the consideration of this question a problem which is ever open for discussion and which we are earnestly trying to meet in every type of hospital having connected with it a school of nursing, either through affiliation or as an integral part of its organization. We have the problem in the large hospitals and in the small ones, in the public institutions and in those supported (whether generously or otherwise) by private funds or endowments. It is the problem of "How Shall We Take Care of Our Patients?" and is the vital factor in the very existence of hospitals. Before there were schools of nursing to teach women the theory and practice of the care of the sick, the problem was met in ways we shudder to recall. The first result of the establishment of schools was to attract to the field of hospital nursing a more cultured and better educated class of women; and upon their shoulders was placed this ever increasing burden. Often it is a question not of how the patient can be cared for most economically, nor even most efficiently, but merely how can we give these people who in their sickness are absolutely dependent upon the institutions that temporarily house them, even the minimum amount of care.

But our topic suggests even a narrower interpretation. There is much that concerns the care of the patient that is not actually nursing and it is the con-

sideration of "nursing service" with which the schools must be most concerned, and which we are here to discuss.

Our problem grows and undoubtedly will continue to grow, and in no decade can we settle the question for the next decade or generation, although some of the most vociferous critics of the nursing service in institutions look back with apparent satisfaction on conditions of twenty years ago, and marvel at the present generation of hospital officials that they do not employ the same methods of handling the nursing service that seem, in retrospect, to meet the problems of that earlier period.

There are several points to be noted in the statement of our subject. It does not ask how we shall care for the patient before pre-supposing that we have within the hospital a school, and therefore we have the problem of education. This is not a new development in hospital organization, but because of the difficulties incident to handling a hospital and an educational institution at one and the same time, we have slothfully ignored the latter in trying to meet the emergency of the first situation. But we grow braver as time goes on, and in spite of the difficulties involved, we are trying to handle these two problems together—they exist together. (We accept this two-fold problem of the hospital and already on the horizon is coming the third great problem of educating the public in laws of health. Our out-patient departments are soon going to prove that

¹Read at the Annual Meeting, American Hospital Association, Buffalo, New York, October, 1924.

the functions of the hospital know no limits of concrete or brick, but only of the community which it should serve in so many ways). The recognition of the existence of a school within the hospital is not new. Looking back over our history we find that when the first three great schools of nursing were founded in this country, all were organized as schools outside of the hospitals, and their later absorption into the hospital organization was only natural, due to their very intimate connection. If we temporarily lost sight of the school as such, it was unfortunate, but educational ideals are bound to prevail and in every endeavor are receiving more attention than ever before. Henceforth, however pressing may be our interest in the care of the patient, we shall doubtless not again forget that hospitals have an educational function as well as a medical one. It is significant to note in one of the earliest reports of the committee that organized the school at Bellevue Hospital (1873) the following statement:

In the course of time we propose to benefit not only Bellevue, but all public hospitals, to train nurses for the sick in private homes and for work among the poor. As the work advances we hope to establish a college for the training of nurses which shall receive a charter from the state and become a recognized institution in the country. This work is not an inexpensive one. It should not be regarded merely in the light of benevolence, but as a system of education.

We have just begun to travel the way marked out by the group of public spirited citizens who dreamed such a dream over fifty years ago.

CORRECT USE OF THE WORD, "NURSE"

Our statement of the subject seems to have yet another implication, i.e., that

there may be other people than student nurses connected with the school who shall be called upon to assist with the nursing service. Such assistance is generally developed through groups of graduates employed for routine nursing work, ward maids, nurses' helpers, orderlies and the like. Those interested in hospital finances will ask to what extent they should be expected to provide funds for the employment of such people. Those interested primarily in the education of the student nurse are asking to what extent we should use these other groups in order that the time of the student may be best used to advantage in preparing her to be a nurse. Right here I should like to enter a plea for the logical use of the word "nurse." We should use it only to designate that young woman who has completed her technical training and has entered the ranks of the profession. We have not called the doctor a "doctor" until he has completed his medical course; and I believe that one reason we have expected too much of the student in the school of nursing, have thought her inefficient and have therefore been critical of the whole system, is that by calling her a nurse we have forgotten for the moment that she is only a student, and that she may have one, two, or nearly three years more of preparation to make before she should be burdened with responsibility unsupervised. Much of the so-called exploitation of nurses in hospitals is due to the fact that by freely calling her by that title which she herself expects to work for, for a period of two or three years, we have stupidly blinded ourselves to the fact that she is only a student. But we are improving in our ideas of the education of this

student, and we have also realized that graduate or undergraduate, she is too valuable a person to use for much of the routine work of our wards. Therefore we employed ward maids (at first for little more than dish washing), then orderlies or porters for work that is too heavy or not suitable for women. Some institutions are employing clerks in order that those studying or employed for the care of the sick may not be kept from the patient by the increasing amount of paper work to be done on the wards. (This is especially a great problem in our teaching hospitals).

Now we may ask why and when we have employed graduate nurses for floor duty. There are three reasons for the addition of these graduates to the staff:

1. We have not had enough students to adequately care for the patient.
2. A particular service has been so heavy that to sufficiently staff it with students took these young women from experience that they needed for their own development or from another service where they were also needed. I am thinking of rather extreme cases, which are not as rare as they should be, where students were assigned to duty in the private wards for a third of their training, others given eight, nine or ten months of night duty in their course, and most common of all cases, where fifteen to eighteen months were spent in the care of surgical patients, because that particular hospital had an unusually large proportion of that type of work.
3. Graduate nurses have been employed in order that by increasing our staff we might give the student sufficient variety of experience. With an all-student staff, we have frequently had to move her along so rapidly that the service was much hampered by its constantly changing personnel. This has been particularly true in operating rooms and has resulted in the employment of one or more

graduates whose greater permanency in the department has made much towards its efficiency, in spite of the necessary shifting of students.

Probably the first of these three reasons for the employment of graduates, i.e., not a sufficient number of students, has been the chief reason everywhere for the existence of other workers on our wards. And now that our best schools are again showing increased enrollment, we are loath to give up the others, for they have been a help in much more than by merely increasing the staff. A graduate on floor duty who remains at the same post for a matter of months can generally be used to substitute for, or relieve, a head nurse much more efficiently than can the average student. Frequently such graduates have developed into assistant head nurses on our large wards, to the advantage of patient, student and hospital administration. The intelligent ward helper, also because she is more permanent than the student, does not have to be shifted from ward to ward, does not have to have her time interrupted by classes and lectures, and has fewer distractions in her simple routine of bed-making, carrying trays, arranging flowers, dusting and running errands, she often proves herself more efficient than the student in those duties assigned to her. We should be loath to give her up.

WHO MAY SHARE IN THE NURSING SERVICE?

It would seem, therefore, in answering the question raised by our topic, that there are other people to share with the student in the nursing school, the nursing service of the hospital. It is a question of proportion. Some of our

greatest thinkers in the nursing profession would claim that for the best interests of all concerned the hospital should provide a nursing service, allowing the school to supplement this service to such degree as shall be of educational value to its students. I cannot take just this view. I should always want my position as director of a school of nursing to imply that I am by that appointment also superintendent of the nursing service of the hospital. I should want to have the staff of the school given the privilege of the responsibility of the nursing service with enough funds available to employ graduates, orderlies, porters, ward maids or nurse helpers, to supplement the work of the student nurse and thus maintain the efficient education of the nurse as well as the adequate care of the patient.

The number of such people to be employed will depend first upon the type of hospital. (Are the various services well enough balanced so that as the student passes from one to the other for her experience, no one department shall be overstaffed to the end of crippling another?). Secondly, it will depend upon the size of the school; and as long as nurses (students or graduates) shall be employed with nursing only, certainly the number of graduates will be reduced to a minimum if the school grows in proportion to the demands of the hospital.

We have heard more or less since the war about the "shortage of nurses," and although the phrase is fortunately almost worn out, I must stop to protest its use. Should we talk about a shortage in a body of workers that has increased 100 per cent. in ten years? No other profession could show such figures. What

we really mean is that opportunities in the field have increased even faster than have our numbers, and to meet the most pressing needs we have had to reorganize our conception of the duties of the nurse and supplement her efforts where possible by those of untrained or differently trained people. In our hospitals, the number of beds has not increased as much as has the amount of detail required of the nursing service. And that is the first reason we need our students. Furthermore, students admitted to our schools are much younger than were those of twenty years ago, and we realize that the amount and kind of nursing service to be rendered by the student must be governed very much by her age, and the judgment that comes with maturity. Probably today there are many more nursing schools admitting students of 18 years of age than there are schools requiring the applicant to be 20 or 21, as was the general rule of 10 years ago. This has meant a tremendous amount of readjustment—including the kind of instruction, hours of duty, amount of supervision and detailing of responsibility.

RATIO OF STUDENTS TO PATIENTS

If we conclude that, given a well-balanced hospital service (from the standpoint of the education of the nurse), the extent that a hospital should depend upon the student body will be determined largely on the number of students, we then have the problem of determining how large a school we should plan for any one particular hospital. No two people can tackle such a problem alike, but it would seem to be the simplest way to begin by studying the geography of the particular institution

in question, noting number and size of wards or divisions, and extra-ward departments requiring nursing service (out-patient departments, operating rooms, diet kitchens, etc.). Certain posts we determine can be filled only by experienced people—this will constitute our graduate staff. We would then estimate how many students can be used with advantage to their own experience and the efficiency of the institution in the various special departments, how many night and evening nurses we shall need, and then we come down to the estimate of people needed for the actual bedside care of patients in the ward. The following figures may be more or less arbitrary, but the most helpful schedule I have been able to evolve after experience in various types of hospitals is:—one nurse (student or graduate) to two private or acutely ill patients, to three obstetrical cases, to four women or sick children, or to five men. (This last figure is presupposing that there are orderlies to assist in the male wards.) After computing this number of students we should allow ten per cent. additional to cover sickness and vacations, and twenty per cent. for preliminary students who have little or no responsibility in the care of the patient.

The greatest items, therefore, to be considered in answering the question raised by our subject for discussion are the type of hospital, especially as regards arrangement of services necessary for the practical experience of the student nurse, and the size of the school,—the assumption being made that we are

not talking of the all-inclusive matter of "the care of the patient," but such care as is distinctly understood as "nursing." With this distinction almost all of the nursing service of the hospital can be carried by the student body after the establishment of four chief conditions:—

1. A large enough school.
2. Adequate housing and teaching facilities.
3. Enough trained and experienced supervisors who can be closely in touch with the students on the wards as well as in the class room.
4. Available funds to provide other workers for less technical duties, or to provide graduate nurses when necessary in places of extreme responsibility, or to supplement the work of the student.

In closing, I would say a word in regard to any effort to be made to increase the enrollment of a school. Whose business is it? Nine times out of ten, hospital trustees and officials are more than content to leave that burden on the shoulders of the director of the school or the superintendent of nurses. Does a university hold a dean of any of its schools responsible for the number of students in that school? He may be most valuable in organizing any publicity campaign—as in a similar fashion will be the executive heads of a school of nursing. But is not the matter and expense of the right kind of publicity which shall encourage young women to enter our schools one of the chief concerns of the hospitals which are benefited by the existence of their schools, and of the general public which needs the services of nurses in institutions, in private duty and in the field of public health?

THE INTERNATIONAL CATHOLIC GUILD OF NURSES

BY REV. EDW. F. GARESCHÉ, S. J.

PLANs for an International Catholic Guild of Nurses have long been maturing in the minds of those who are directing the Catholic Hospital Association of the United States and Canada. Just as this association has been greatly instrumental in interesting Catholic hospitals in the program of the American College of Surgeons for hospital standardization, and has acted as clearing house for the special problems and needs of the Catholic hospital system, so it was felt that an International Catholic Guild of Nurses would be equally beneficial to the interests of the nursing profession in general, especially to the graduates of the Catholic training schools.

It is well to emphasize that one of the purposes of the Guild is to encourage its members to take an active energetic part in the work of the American Nurses' Association, the League of Nursing Education and other existing general associations of nurses. Hence there will be no competition, but rather cordial co-operation with other societies of nurses.

It was judged better to organize the International Guild by means of individual memberships only, abstaining from interference with local Guilds already established. Membership in the Guild is joined with membership in the Catholic Hospital Association so that every one who enters the Guild becomes by that fact a member of the Association and receives the well-known magazine, *Hospital Progress*, which is the official organ of the Guild as well as the association itself.

Non-Catholic graduate nurses who are in sympathy with Catholic ideals and who wish to coöperate with the purposes of the Guild are very welcome and a special class of membership has been provided for them. Already about one out of every ten members in the Guild is non-Catholic. Five classes of membership are provided for in the constitution, the voting, active, associate, sustaining and honorary.

The voting and office-holding members must be registered nurses or eligible for registration and members of a nurses' Sodality, a society established in Catholic hospitals for the spiritual help and encouragement of the nurses, and for enlisting them in work for active zeal and charity. These members thus serve as a link between the Catholic hospitals, with their Sodalities, and the Guild. The distinction between the voting and non-voting members is only practical at the annual convention, and those members who come to the convention may there make arrangements to become Sodalists, if they are not so already.

The active members include all graduate nurses or senior students in approved nursing schools who are Catholics. This includes Catholic senior students in approved non-Catholic training schools. The associate members are non-Catholic graduate nurses who, when in sympathy with its ideals and purposes, are welcomed into the Guild and receive *Hospital Progress*, and the special bulletins of the Guild and participate in its activities. All

these classes of membership pay annual dues of \$3.00 which includes a subscription to *Hospital Progress*. Sustaining members are all those, whether nurses or not, Catholic or non-Catholic, who pay annual dues of \$10.00 to help sustain the activities of the Guild. They also receive *Hospital Progress*. Honorary members are elected at the annual convention. Contributors, who are not members, but patrons and benefactors of the Guild, are all who contribute a minimum of \$100.00 toward the special fund which the Guild is raising to support its various activities.

The object of the Guild is to unite its members—

For the increase of their personal excellence of service, for their union in mutual loyalty and charitable works, * * * for the strengthening and elevation of the nursing profession in its social, cultural, ethical, religious, economic and technical aspect, * * * and to promote the activities which will be effective to raise the grade of professional service in nursing.

It will strive to stimulate the initiative of its members—

To achieve leadership and eminence in their profession; to increase their reasonable and well-instructed faith, their ethical correctness and professional devotion and to enable them to overcome the obstacles and defects, which may hinder these things.

All this is quoted from the constitution of the Guild.

An international headquarters has been established at the office of the Catholic Hospital Association, 124-13th Street, Milwaukee, Wisconsin, to which address correspondence may be sent. A beautiful property of fifty-five acres has been acquired through the Catholic Hospital Association where the nurses are welcome for two weeks of retreat, conferences, and vacation. Spring Bank is an hour's ride from Milwaukee and three

hours' ride from Chicago. It combines great natural beauty and pleasant seclusion, with opportunity for every sort of exercise, boating, swimming, fishing, tennis, etc. From 150 to 200 nurses can be accommodated here on the beautiful shores of Lake Oconomowoc.

The dates and program for this year's conference are published in another place.

Besides the usual officers of the Guild, elected by the members, a general spiritual director is appointed by the executive committee of the Catholic Hospital Association. There are standing committees as follows: Membership, educational, entertainment, auditing, press and publication, library, art and industrial, Guild House, Sodalties, and retreats.

The Guild recommends that wherever a group of members exists in any city, they organize local committees on the same subjects, choose a head promoter, with an assistant promoter for each hospital or special group of nurses, and carry on local activities as a local group of the Guild. They can thus hold an annual retreat, organize courses of lectures for nurses on religion, social service, sociology, ethics, psychology, psycho-analysis, public speaking, occupational therapy, science, art, literature, history, business principles, etc., and give musical, social and dramatic entertainments. In this way any group of Guild members can function as a local Guild. Regional spiritual directors are named by the General Spiritual Director.

It is planned to have a full-time paid secretary, a graduate nurse, and to establish a registry of nursing opportunities and an information bureau, to serve both

hospitals and nurses, and to render other services to the members. Guild members at various places are raising a fund for these purposes. The Guild is suc-

ceeding beyond all expectation, its membership now extends to 131 cities in the United States, nine cities in Canada and to Ireland and Scotland.

SAFEGUARDING THE FUTURE

By EDITH CHARLTON SALISBURY

NOT until she has passed the 30th milestone in her journey through life does the average self-supporting woman begin to think seriously of the fortune, good or ill, that may come to her when the shadows grow longer and labor may be neither easy or sweet. Before she reaches 30 a career in the business or professional world is generally considered more or less transitory by our self-supporting woman and the money she earns is often entirely spent for the desires of today. Approach this woman with a suggestion regarding saving for the future, and you are very apt to be spurned, particularly if your future reaches forward 20, 25 or 30 years. It is the golden present, the near-by future, not more than ten years ahead, that she is thinking about.

But with 30 behind her, the job still filling the horizon, and the years swinging by at a dizzy pace, our woman with a living to earn and with responsibilities increasing, begins to ask herself where and when will this end and what will be the end. She begins to wish for more leisure, for an opportunity to do something more than pay board bills, she wants to travel, she wants many things she hasn't been able to have thus far in her career, and more than any thing she realizes she wants to be sure of independence. At this moment an income

for life makes a strong appeal because it represents the fulfilment of all these wishes.

But there may be unwisdom and danger in this mood, as there was in that earlier period, when "today" was her only future. The danger now is that in her eagerness to make money, to accumulate for the future, she will select some form of investment for her savings that is unsafe because it promises too much and too quickly. It may be distinctly speculative, a scheme that only experienced investors who can afford to lose should consider. Worse still, it may be wholly unsound, a wild, impossible scheme that the unscrupulous promotor has dressed in most attractive form purposely to catch the unsuspecting woman who may have been thoroughly successful in her own work and still an unsophisticated child in financial matters. This simple fact is worth remembering. Most women, because of a different kind of training, have very limited knowledge and still less practical experience with securities, investments or speculations and for that reason they are the most gullible and the easiest prey for get-rich-quick schemes.

Of course there are many people who have been fortunate enough to accumulate satisfactory returns from good stocks and bonds, but the number is

much smaller than those who have lost their entire investment. The average man, certainly the average woman, has neither the knowledge or the caution necessary to handle his or her own funds over a long period of years. In a study of accounts made by the Department of Economics in Harvard University we have the statement that out of 100 speculators, 97 lost all they invested, two "broke even," and one made a profit. Just one chance in a hundred of successfully "playing the market!"

From the point of view of physical comfort and satisfaction with the external blessings of life, there is hardly a more enviable condition than the assurance that when one reaches an age when, for any cause whatsoever, constant work is more difficult than it used to be, when employers are less willing to employ, there is a life income awaiting one. Think of it! A steady income paid to you every month as regularly as the month rolls round, and for as long as you live! Be it large or small that monthly income will be most welcome.

Fortunate indeed is the woman who early in her career was induced to save regularly a part of her earnings and invest it in a long-term, dividend-bearing security of undisputed reliability. Twice fortunate is she who left those dividends to accumulate at compound interest. There is no more fascinating experience in financing than to watch the steady growth of small sums of money left to accumulate at compound interest over a long period of years.

The self-supporting woman rarely has large sums to invest; if she accumulates a fund for the future, it must be from small savings from monthly earnings. She can't afford to take chances, she

should make her selections for investments from opportunities that are absolutely safe. She will be wise to turn over to conservative, highly-trained, experienced financiers the task of investing her small savings for her in some plan that will guarantee her a definite, certain return at a definite date.

Among the opportunities offered nowadays there is nothing which better meets the requirements of the business or professional woman than the life income contracts now being written by the leading old-line life insurance companies. These long-term endowments are usually written to mature at age 60 or 65, they are dividend-bearing, they are generally paid as guaranteed money income; the dividends left to accumulate will increase the monthly income to a considerable amount.

For a moment consider the returns from a systematic saving of between \$18 to \$20 a month, on a contract begun at age 30, to mature in a monthly income for life at age 65. The guaranteed life income on such a contract will be \$50 a month for life but if dividends are left to accumulate until maturity, the monthly income will be increased to over \$90 a month. This income is assured even though loss of earning ability through loss of health for a few months, or years, has prevented the policy-holder from earning. In such an event the life insurance company will make the payments on this contract and in addition will pay the policy-holder a monthly income until she recovers, or for life if she is never able to resume her work. There is nothing spectacular about this plan of saving for the future, nothing uncertain, and for that reason it is the ideal investment for the woman

absorbed in her daily task, ambitious to win success in her career and without time, money or knowledge to devote to more complicated investments.

The following incident is a good illustration of the way this contract unfolds and also shows the common, and probably not unnatural desire for quick and big returns on savings. A year ago I called on a young business woman for the purpose of interesting her in a guaranteed life income which would require an annual saving on her part of about \$250, this amount to include a small rate that would insure her \$50 a month for life should she permanently lose her health. The plan appealed to her, but she wanted time to talk it over with a friend. On my second visit she told me her friend had shown her that she would have more money at age 65 if she put the same amount of money in the savings bank every year. She had the friend's figures to prove the statement and there wasn't as much difference between his proposition and mine as you might expect when the insurance company guaranteed to mature the contract immediately if she died and to assume all future payments if she became permanently disabled.

"I don't dispute your figures," I told her. "They are probably correct, but you will never put \$250 in a savings bank every year until you are 65 unless some contract compels you. Some special demand will tempt you to skip a year now and then or to withdraw some of your funds on deposit. And you have no guarantee that your health will permit you to save that amount of money every year until you reach 65."

Last December, just one year after

that talk, I had the following note from this young woman, written from some health resort in the Rockies:

We are living away out here, far from all our old friends. I feel very grateful to you for suggesting and insisting that I take out a life income contract. While I had no idea I would be deriving any benefit from it so soon, and in this way, it has certainly proven a fortunate investment. I have been receiving the benefit of the disability feature since last September and it is certainly a welcome help. The doctors have advised me to take at least a year's rest, that is, not engage in any indoor occupation for at least a year. So just now I am idling and trying to do the things which will help me to build up strength.

In addition to her monthly income of \$50, this young woman will receive an annual dividend on her contract, and at its maturity she will receive her life income just as if she had made all her payments. In any other kind of investment which she might have selected, her fund of savings would have been exhausted long ago by her illness and she would be unable to continue payments on any contract.

Some clever individual has personified the Life Income Contract as follows:

I am cash, property and income all combined. You shall not become a beggar, pauper, dependent, nor can you get into the poor-house as long as you retain me. I legally guarantee that poverty with all its humiliation and suffering can never come to you. I will provide for you in sickness and in health. I will feed you, clothe you, furnish cash for you when all others refuse you and *so long as you live* (and your association with me will make you live longer) *you* can never come to want.

I will be ready sometime, somewhere, when possibly you are all alone—when the sun dips down behind the hills and the long, long journey is drawing to a close—then, right *then* I will be your changeless friend and comforter.

HOME PREPARATION OF LACTIC ACID MILK

BY MARY WARING, R.N.

WE have used lactic acid milk in infant feeding for only a limited number of babies and we have no direct experience with its use for a series of cases. Its use in the Children's Memorial Hospital, Chicago, has been highly successful with the exception of a few cases in which it was used practically as a last resort.

The main advantage of lactic acid milk is that, due to its acidity, a finer and more easily assimilable curd is produced, thus increasing the protein tolerance, and permitting the use of an increased carbohydrate percentage. Karo corn syrup is generally used in lactic acid milk mixtures because it contains carbohydrates similar to those in commercial preparations such as Dextrin-maltose. It is less expensive and more easily handled in formula preparation. Carbohydrates can be used in seven to ten per cent. in lactic acid milk more successfully than in any other milk preparation.

The preparation of lactic acid milk is comparatively simple and can be taught to a mother for use in a home. It is adaptable to whole milk, skimmed milk or milk of any fat percentage ordered.

The milk is boiled three minutes and is placed on ice until cold. Warm milk must not be used. Seventy-five per cent. lactic acid is then added in the proportion of eight c.c. or two drams, to each quart of milk. The acid is dropped into the milk with a medicine dropper, constantly beating the mixture with a double Dover egg-beater. After the acid has been added, drop by drop, beat well and place in the refrigerator. There will probably be considerable foam evident, due to the beating; the milk cannot be measured into bottles until this disappears. All utensils must be sterile in the preparation of this milk. In heating the separate feedings for the baby, the bottle must not be placed in water over 100 degrees. In using Karo corn syrup with lactic acid milk, a fifty per cent. solution is usually ordered. This is more easily handled than the pure syrup and may be prepared for several days' use and kept on ice. Fifty-five parts of water and forty-five parts of Karo syrup (blue label) are mixed, then boiled for sterilization. Ten parts more of water are used to cover the amount lost by evaporation.

IN WISCONSIN

"Every Wisconsin Girl Educated for Intelligent Motherhood," is a stirring slogan. The State Board of Health, the Department of Public Instruction, and the State Board of Vocational Education are coöperating to teach the school girls of the state how to care for little children. A Manual of Infant Hygiene prepared by Gertrude S. Hasbrouck is the accepted textbook of authority. It is expected that public health nurses will encourage and advise the grade teachers who are to give the courses and that they will, when advisable, give demonstrations to groups of teachers.

THE SAVING OF LIFE IN CANCER

BY LEROY BROUN, M.D.

ABOUT twelve years ago the subject of cancer and its curative removal was taken up for discussion by one of the national societies devoted to special surgery. Presenting exhaustive reports were men of international prominence in surgery, representing practically the entire United States.

In this discussion it developed that only one in six patients with this disease presented themselves early enough to permit anything being done other than of a palliative character. A more favorable report (one in four) came from a surgical center in a comparatively small city, where the teaching of the importance of early recognition had been, in a measure, absorbed.

While the great preponderance of incurable cases was fully appreciated by each Fellow of this Society, as well as by all of the profession, it required just such a gathering of facts to incite a concerted effort to educate all lay people, and to solicit the interest and enthusiastic educative support of every allied body of workers.

It was thus that The American Society for the Control of Cancer had its birth. For eleven years this altruistic body, with the whole-hearted labors of its office force, has carried on this campaign of education that "In its earliest stage cancer is curable."

This teaching has extended from state to state until now practically every unit of our country has its chairman with whom is associated a corps of workers for the purpose of driving home the knowledge that the only outlook for a permanent cure is in early recognition,

to be followed by thorough measures in capable hands. Such teaching, when once launched, is not permanent. It must be a part of the self-ordained duty of every doctor, of every nurse, and of every layman of intelligence to continue at all times to carry the news that cancer in its earliest stage is a local affair and then can be cured.

It is only by constant repetition, and by the constant alertness on the part of those who know, that permanent results can be achieved.

Nurses have been highly trained; they are looked up to by friends and acquaintances. Their advice is valued and accepted. They have great opportunities to save life, and to give information, the possession of which in the future will save others. Their ability to do this carries with it a necessary familiarity with the earlier signs of what may be cancer, and an appreciation of the importance of ruling out this possibility, or of proving its existence at a time when something of real value can be done.

To illustrate this meaning, let us consider briefly cancer of the uterus, the breast, the rectum, and some of the other organs.

CANCER OF THE UTERUS

A woman menstruating normally may, for no reason of which she is aware, begin to have an increased flow, gradually extending to ten days or more. She may even, under certain exciting causes, have a show of blood between periods, with possibly a leukorrheal discharge, not previously present, in the

interval. This is abnormal; something is wrong. It may be due to one of several benign causes, many of which are simple and easily remedied. On the other hand, this abnormality in flowing may be due to early cancer.

It is vital to determine at once the reason by a competent examination. The risk is too great for putting off this determination since, if cancer should be present, the curative possibilities are then, and not several months later.

The source of the blood in such early cancer involvement, whether of the cervix or of the body of the uterus, is from a network of thin-walled, poorly developed blood vessels that have developed in and around the cancerous area, however small. These are easily broken down and give rise to the bloody discharge.

Fortunately, this is the history of the very large majority of instances of cancer of the cervix. There is, however, a type of cancer of the cervix which we may call the endometrial or ingrowing type. In these, fortunately uncommon, instances the development of the cancer is on the inside of the cervical canal, and does not give rise to bleeding until the condition has existed for some time, and extension and metastases (secondary deposits) have already developed. The outlook for curative measures in such, fortunately rare, cases is not bright. Cancer of the cervix and also of the body of the uterus occurs in early menstrual life and on past the menopause to 70 and over, the two extremes, however, being the least common ages, especially in early womanhood. Very few cases have been recognized as early as twenty-five years (3 in 700 cases). At seventy-five years, two are recorded in the 700

cases. The very large majority are about the menopause period (forty-five).

Especially should attention be called to the menopause period of life, between forty-three and forty-seven. During this period, as stated, the greatest number of cancer cases occur. During this period the patient experiences, and she has been taught by those older to look for, all kinds of abnormalities in the menstrual flow, including not only a cessation of menstruation for a month or more, but also, at times, profuse and prolonged flowing.

Such handed-down ideas have been the reason for many grave errors on the part of the patient, resulting in the loss of the opportunity of recognizing the commencing of an early cancer which could have been cured at the time.

Cessation of menstruation for a time during this period is normal and need give no concern. Profuse and prolonged flowing is abnormal, and should be carefully looked into at once. It may be due to a hypertrophic condition of the lining of the uterus occurring occasionally at this time, or it may more probably be due to a commencing early cancer either of the body or of the cervix. The possibility of a doubt should never be allowed to exist when life hangs in the balance.

CANCER OF THE BREAST

Any lump in the breast or any thickening about the nipple should be at once referred to some competent examiner. Here again such an occurrence does not necessarily mean cancer, for benign conditions may be present here, as in the uterus. No lump, however small and apparently innocent, should be treated lightly. It should be passed on by a

competent surgeon whose advice should be followed.

CANCER OF THE RECTUM

Cancer of the rectum shows itself in its commencement by bleeding at stool together with other symptoms. The bleeding comes from the poorly organized network of new blood vessels covering the cancer area. Bleeding may also come, and more likely, from internal hemorrhoids or from a rectal polyp; also from other diseases, as syphilis.

The reason for this bleeding, if persistent, should be definitely determined, not by the finger, for this is of little value, but by sight through a proctoscope and light carrier.

CANCER OF THE BLADDER

A bloody discharge is so startling to the patient, that he requires little or no urging to seek advice. Here again the origin of the blood should be definitely determined by a cystoscopic examination, possibly aided by a cauterization of the uterus and an X-ray. Only the opinion of one skilled in this branch is of value. The condition may be one of cancer, or it may not be.

Malignant disease of the stomach or intestines is one of the most difficult to recognize in its early stages. The symptoms are *persistent* indigestion with loss of weight, other conditions having about the same symptoms. A careful study by the surgeon, to whom the case should be referred at an early date, will, with the help of the X-ray, dispel doubts.

Cancers of every other locality, as the tongue, the lips, the skin, etc., will give the same history of persistence and extension. In each instance, its failure to heal under recognized treatment

should at once excite suspicion and cause the patient's friends to insist on the condition being examined by one capable of judging.

TREATMENT

Under our present day knowledge, the treatment of early cancer by complete and wide surgical removal when possible to do so is the accepted treatment. Since our knowledge of radium and X-ray has grown, the preference is given ordinarily to their use over that of surgery in certain cancerous skin involvements, especially that of the face, to avoid deformities, and with a knowledge that skin cancer of the basal-cell type is superficial and does not extend by metastasis.

The combined use of surgery with that of radium or X-ray, or both, wherever practical, is at present considered a wise line of treatment and one giving the best final results, in that any possible cancer cells not removed by surgery will be destroyed by this means.

In general, whether surgery, or radium, or X-ray alone should be used, or whether in combination, will be decided by the one under whose final care the patient is placed. The *crux* of the entire subject is *early* recognition or suspicion of cancer, and the prompt sending of such patients to some one capable of determining the nature of the condition, and one able to determine the proper means to be employed for complete removal, or at least amelioration of the condition.

A nurse, whose opinion is valued, must see the immense opportunity she has in saving lives and benefiting human kind, by being constantly alert, and living up to the high ideals of her profession by loving her fellow creatures, and doing all within her power for their well being

and their happiness. Not all of those who ask her advice can be cured, but many can by her watchfulness, her interest, born of professional alertness, and her knowledge of the importance of prompt action.

The surgical care on the part of the nurse, of those with early cancer who are recovering from operations, involves no special knowledge or personal care other than that of a well trained surgical nurse.

It is concerning the care and the advice to relatives and friends of those unhappy ones who have waited too long for other than palliative relief that I wish to speak. There is no class of chronic disease, not even tuberculosis, in which the unfortunate receives so little human consideration and tenderness as does the one with advanced cancer. The personal dread of contracting the disease, made so evident by the peculiarly unpleasant odor surrounding the patient, often dries up the springs of human sympathy, and denies the patient those small comforting attentions and acts that go such a distance in smoothing the rough road over which they are traveling.

There has never been a known instance in which cancer has been contracted by another person from a patient having this disease. This fact is recognized by every physician and nurse, and the possibility of contracting this disease from a patient can be dismissed absolutely from one's mind; and it should be the duty of the nurse to impress upon the immediate family and friends this fact.

The necrotic odor of the discharges in advance cases is so persistent, even after several washings of the hands, that for

one's comfort it is well to use gloves during dressings and irrigations.

Again, these discharges are teeming with streptococci; therefore, as in any other suppurating wound, it is unwise to do without gloves, especially if the nurse has a fresh cut on her hand. The danger of contracting the disease, however, in these dressings is absolutely nil.

Discharges come from the breaking down of dead tissue on the surface of the area involved. A frequent change of dressings soaked in some safe deodorant will add greatly to the patient's comfort by removing the odors.

In advanced cancer of the uterus, where the heavy odor is pronounced, frequent douches of warm water with bicarbonate of soda in solution will wash away the mucous and should be followed at once by a small douche of some mild deodorant.

The pain of advanced cancer is caused as stated above by pressure of the hard involved area on nerve filaments. It is on account of the absence of such a thickened area in very early cancer that there is no pain.

The pain in advanced cases should be systematically relieved by morphine, not given only at pain, but given at regular intervals in large enough doses to keep it absent. This does not mean, however, rendering the patient stupid. By the systematic use of morphine from time to time, the amount will have to be increased as the tolerance is developed; the patient's life is prolonged, and while living she is kept comfortable. With the use of morphine the intestinal functions must be maintained.

As is presented, the nursing of cases where early cancer has been removed by surgery, or of patients on whom radium

has been used, requires no special skill other than that acquired in surgical training. The nursing of advanced cases requires the exercise of human kindness and the education of those coming in contact with the patient in order that they themselves may feel safe. The patients need, and are entitled to, all the little attentions and love that can be shown them.

The great body of women who add so

much to the recovery of the sick have it in their power to save lives by keeping in mind the indications of the earliest commencing of cancer and by insisting that such conditions when brought to their attention should be thoroughly looked into *at once* so that it may be proved that cancer is either present or absent. The opportunities are great. I know you will avail yourselves of them.

OUR CONTRIBUTORS

Mrs. Alice Holden Stobbs, A.B., A.M., R.N., (See Our Contributors for July, 1924), was assistant director of the School of Nursing at Bloomingdale Hospital, White Plains, New York, until her recent marriage.

Elizabeth Hodgins, R.N., is Executive Secretary of the Cleveland Nursing Center.

M. Josephine Smith, editor of the *Public Health Nurse* until its removal to New York City last year, is Executive Secretary of the Central Committee on Nursing in Cleveland.

Helen B. North, R.N., is Instructor in Practical Nursing in the Farrand Training School at Harper Hospital, Detroit, Michigan.

Helen Wood, A.B. (Mt. Holyoke), A.M. (Columbia), R.N., had a rich background of administrative experience to draw upon in the preparation of her article. She is a graduate of the Massachusetts General Hospital and is now engaged in organizing the new School of Nursing in the University of Rochester and is Superintendent of Nurses, Strong Memorial Hospital.

Rev. Edward F. Garesche, S.J., is General Spiritual Director of the International Catholic Guild of Nurses.

Edith Charlton Salisbury has "always had a special interest in the finances of the home and of individual women." A graduate in Home Economics, she has put this interest to work as teacher, editor, and with the United States Department of Agriculture. She feels that selling insurance and thereby persuading women "to save money for the future is not very far afield of conversation."

Mary Waring, R.N., is Supervisor of the milk laboratory of the Children's Memorial Hospital of Chicago.

The article on the Control of Cancer was prepared by Dr. Le Roy Broun especially for the *Journal* on request of the American Society for the Control of Cancer. Doctor Broun is consulting surgeon at the Woman's Hospital and the Manhattan State Hospital, New York City.

Claribel Wheeler, R.N., speaks with authority on her subject, as she has given many years to the preparation of nurses for community service. She is now Professor of Nursing in Washington University, St. Louis, Missouri, and Director of Nursing in Barnes Hospital.

"My specialty lies in the teaching of aseptic technic; in the preparation of student nurses to care for persons suffering from acute contagious diseases, and to meet epidemic situations in an intelligent manner," writes Charlotte Johnson, A.B. (Penn College), R.N. (Ill.). Miss Johnson is a graduate of the Illinois Training School, Chicago. She equipped the hospital and organized the nursing service of the Durand Hospital of the John McCormick Institute for Infectious Diseases, of which she is Superintendent.

Nellie M. Willett, R.N., is on the staff of the Visiting Nurse Association of Chicago where the interesting custom has been established of requiring each nurse to write one "experience story" each month as a part of her record work. The idea seems a valuable one that might be utilized in schools where patients tend to become merely cases.

Isabel M. Stewart, R.N., (See Our Contributors for April, 1924.).

Anna C. Jamme, R.N., is Director of the California Bureau of Registration of Nursing, a position in which she has rendered notable and sympathetic service to the schools and the nurses of the state.

Marion Vannier, R.N., B.S., is Director of the School of Nursing in the University of Minnesota, the school which, it will be recalled, represents the highest development of the central school idea yet attained.

THE FUNCTION OF THE PRIVATE DUTY NURSE IN THE COMMUNITY¹

By CLARIBEL A. WHEELER, R.N.

WE have come to make considerable distinction between the various branches of nursing, possibly too great a distinction; especially is this true of private duty and public health nursing. Nearly all nurses have been private duty nurses at some time during their career. All true nurses are public health nurses whether they are giving bedside care in a home, teaching in a hospital, or giving health instruction in a district.

As the head of a school of nursing, I am interested equally in all branches of nursing, I am devoted to all nurses, and I have spent twenty years of my life working with them and for them. I am deeply concerned when any criticism comes to them. My primary interest, however, must necessarily be in preparing a group of women who can meet the present-day needs of the community. If I do not recognize this important fact, I shall fail in my purpose.

What does an intelligent community expect of a private duty nurse? Those who have had the privilege of attending the convention in Detroit, listening to such people as Dr. Christopher Parnell, Dr. Charles D. Lockwood and especially to the brilliant and subtle address given by Dr. George Vincent, could not come away without a sense of how much is expected of our profession, and without being a little mindful that we are falling somewhat short of that great expectation. The community is expecting far more than most of us realize.

What are some of the things the community expects of the private duty nurse? I shall briefly mention a few. That she be a woman of good judgment and poise, that she be properly trained in nursing technic and familiar with the scientific background necessary to her work, is taken for granted. I was rather startled recently when a director of a public health course in a large university said to me: "If nurses do not look out, the laity will be ahead of them in the knowledge of general health problems." Take for example the field of preventive medicine; the nurse is naturally expected to possess a thorough understanding of measures used in the control of communicable disease; the value of tests such as the Schick and Dick test, the use of sera and antitoxins. The American Society for the Control of Cancer is sending out appeals to nurses through pamphlets telling them how much they are needed and what they can do in assisting in this campaign.

It is taken for granted that nurses are familiar with the laws of child hygiene, although one often hears the criticism that nurses do not know how to care for well children. Not long ago I was much impressed by a letter from a prominent woman, telling me of a private duty nurse who had been with her children. She was surprised to find that this nurse knew a great deal about child psychology and the care of well children. She had never had one before who possessed such knowledge. She wrote, asking me if more training along these lines could not be given in our schools

¹ Read at the annual meeting of the Missouri State Association Graduate Nurses, October, 1924.

of nursing. Who has a greater opportunity to teach the principles of child hygiene than the private duty nurse?

In the more recent field of mental hygiene, there is going up a great cry for nurses who have some knowledge of mental disorders, those who have been trained to handle neurological cases. They can scarcely be found at present. The social worker has done far more in this field of endeavor than has the nurse.

Only recently a lay woman, deeply interested in the social hygiene movement, came to see what we are teaching student nurses about this subject. She felt keenly that nurses should be well informed in these matters as they have such an opportunity of assisting with the promotion of this great and deeply needed work.

The community rightfully expects all nurses to be good citizens, and as such to cast an intelligent vote and give their services whenever their knowledge and special training are needed for the public good.

Lastly, the community rightfully expects that private duty nurses shall have a high code of ethics, that they shall be guided by high ideals of service. That the public has expected more than is humanly possible of any group of women may be true; that they are justified in expecting a little more than from other groups is also true.

It seems to me that in meeting and living up to the expectations of the public lies the function of the private duty nurse. It is true that the community has a definite obligation to the profession of nursing. To quote from Dr. Parnell's paper given in Detroit:

My point is that the obligation and responsibility of the community to any professional

group is in its own interest. * * * The public interest then must be our direct concern although it is perhaps safe to assert that nothing which is bad for the medical or nursing profession is good for the public, on the other hand anything that is of permanent benefit to the public will in the end be good for us.

The impression has been rather general, inconsistent as it may seem with the public demands, that a bedside nurse does not need as thorough or as long a fundamental training as does the public health nurse or the teacher and administrator in a school of nursing. With this point of view, I have never been in sympathy and was, therefore, greatly pleased when the Rockefeller Report recommended the same basic training for all nurses.

The need for special courses preparatory to private duty nursing in our schools is obvious. Many young women going into the home are at a complete loss because they do not know how to substitute improvised equipment for what they have used in the hospital. They demand the purchase of new and expensive equipment and bring criticism upon themselves and their profession. Young nurses often do not know how to dress appropriately when staying in a hotel or traveling with patients. These things should be taught them before they go into the field.

Some of you are saying to yourselves: "Yes, if we are lacking in these things it is the fault of our school, it has not properly fitted us for our work." This is like blaming our parents for our faults and not doing anything ourselves toward correcting them. It is true some schools have not properly prepared their students to meet the public demand; on the other hand, if those who have graduated do not continue to study and grow

each year, they stagnate. The school of nursing is, after all, only a beginning to get one started on the right track. May I quote from a commencement address given by Annie W. Goodrich?

I want to beg you to remember that, just as we daily feed our bodies so we must learn to feed our minds. If we want to keep in touch with the developments of science, we must continually repair to those great fountains, our universities, from which springs of knowledge continually flow. Do not be content with what you have. The new message in education is that knowledge is for life, not first education and then life, and that through knowledge we have the power to transform the world.

Perhaps it is not possible for everyone to take postgraduate courses in a university. It is possible, however, for every one to read and study. Excellent books and magazines are daily coming from the press which may be read by all. Every nurse should include in her budget an item for books and magazines. No nurse should be without such magazines as the *American Journal of Nursing* and the *Public Health Nurse*. Those two at least she should subscribe to. None of you can afford not to read such journals as *Social Hygiene*, *Mental Hygiene*, the *American Journal of Public Health*, and *Hygeia*, to say nothing of magazines which will keep you in touch with current events of the day.

Why is it not possible in your private duty section to have presentations and discussions of recent medical discoveries and nursing developments? Why could you not have special courses given in private duty nursing for the benefit of your members? I was interested to see in a recent number of the *Journal* that a course in private duty nursing is being offered in connection with one of the university schools.

There are many problems for your group to solve, such as building up an hourly nursing service in cities and rural communities. By such a service you could take care of a much larger number of people, and you would not lose your self respect by staying on a case where you are not needed, except for perhaps one treatment a day, which could easily be given by an hourly nurse. Think what an hourly nurse, with a car, could accomplish in one day out in the country. It sounds so attractive to me I often feel I should like to attempt it myself. Why is it that nurses do not like to take cases in the country? You are needed there as much, if not more, than you are in the cities; if you do not respond to these calls, you are not living up to your true function. Then there is the question of nurses who refuse to go into the home, and those who don't take night duty.

Not the least among your problems is the one of your own health. A nurse cannot possibly teach health to others unless she is herself an example of healthful living. I am reminded of the story of a public health nurse, thin, pale, undernourished, giving instruction to a family. The observing husband remarked to her: "You don't look as though you practiced any of these rules you are telling us about." That nurse was not a good example of her teaching. A nurse should fairly radiate with healthful living and I believe she can do so if she is to fulfill her true function.

These are certainly some of the questions before you for solution, and I am confident that they should receive your careful consideration.

Your answer to these questions is to be expected, I can hear it. You say that

when you rise at 5:30 or 6 o'clock in the cold, gray dawn of a winter's morning, when you have spent a day in unceasing ministrations to your patient (often under a tense mental strain), when you have reached home at 7:30 or 8 o'clock in the evening, you are weary in soul and body, you do not feel like going to meetings, or studying. I know something of your weariness and discouragement, I have felt it myself, but I can only urge you on to greater effort. You must take a few days off occasionally to rest and read and think. If you continue to give and give of yourself, the pitcher will soon be empty and you will have nothing worth while to give. One must find time to take in new funds of knowledge and inspiration otherwise one cannot be of real service to others.

Thou must be true thyself,
If thou the truth wouldst teach
Thy soul must overflow if thou
Another soul would reach.

With the recent emphasis on public health nursing, the work of the private duty or bedside nurse has been somewhat underestimated. This is rather unfortunate; your work is just as important as it ever has been. Here as ever the true nurse, who loves her work, who devotes herself body and soul to her patient, shines like a beacon light in a dark place. With her expert skill and sympathetic presence she renders a service that no other person can possibly give. It is because of the closeness of this contact, the winning of the confidence of a family, that a good private duty nurse has an opportunity to be a real teacher. It is she who perhaps learns the early symptoms of cancer and can give advice that may prevent un-

necessary suffering and often death; it is she who can teach a young mother how to properly regulate the diet of her child, the importance of sufficient sleep, rest and fresh air; how to instruct in matters of sex hygiene and many other things a young mother should know. In other words, she has an opportunity to spread her gospel of positive health as has no other person, not excepting the public health nurse. Dr. Lockwood, whom I have mentioned in connection with the Detroit meeting, said:

In the well educated nurse we find the ideal medium for conveying medical knowledge to the public. She has the ideal approach, and endowed with the scientific spirit, her message will prevail.

Some of us think that if we do our work well, if we pay our dues and go to an occasional nursing meeting, we have performed our whole duty. We forget that there is something we owe to the town or the city in which we live. We forget that all the privileges which we enjoy in this fair land of ours have been made possible by those who have fought, bled and died that we might enjoy them. We must not forget that we are citizens of a great democracy, that as such we have a definite obligation by virtue of our special knowledge and training. We can be instruments in assisting to bring about reforms necessary to the progress and advancement of the race. Never before have greater efforts been made toward the conservation of life, yet never has life been held so cheaply or so recklessly wasted. Certainly the womanhood of the country could do something if so many of them were not dreaming or indifferent. It is a privilege to be able to vote. How many of you are making use of this privilege?

We often hear it said that the nursing profession is judged entirely by its private duty nurses, if that be true how great a responsibility is yours. You hold the destiny of all nurses in your hands. Your code of ethics should be the highest, your ideals of service the greatest, of all nurses. You must so carry the

lamp that has been nobly lighted by the pioneers of your profession, that it may shine in all dark places of ignorance and ill health. You must see to it, that it is not dimmed by pettiness or selfishness, but that it is kept bright with the spirit of consecrated and intelligent service.

RECENT ADVANCES IN THE CONTROL OF MEASLES

BY CHARLOTTE JOHNSON, R.N.

SUSCEPTIBILITY: Measles is a very highly contagious disease. It requires only a slight exposure to infect susceptible persons. Practically every one will get it, if exposed, after the first few months of life. The mortality rate is very high in children under three years of age, in delicate children, and in individuals whose resistance is lowered by recent illness.

Cause: The cause of measles is not definitely known. Various observers have found a diplococcus in the blood and in the secretions from the mucous membranes of the throat, nose and conjunctiva of measles patients which has not been conclusively demonstrated as the cause.

Serum: Laboratory workers have investigated carefully the value of convalescent measles serum. It does not appreciably modify nor cut short the course of the disease if given after the onset of illness. It is, however, exceedingly useful in its power to protect the individual against the disease if given shortly after exposure, and also in its power to modify the type of the

disease if given a few days preceding the onset.

For two years it has been the practice in the Durand Hospital of the John McCormick Institute for Infectious Diseases to withdraw from one to five hundred c.c. of blood from a vein in the arm of adult patients convalescing from measles about five days after the temperature is normal. This blood is allowed to clot, the serum is syphoned off, tested for sterility, the Wasserman test made, and if negative it is bottled, sealed and placed in a refrigerator until needed for use. When given it is warmed to body temperature and is injected deeply into the muscle in the outer aspect of the thigh. The muscle being rich in its blood supply, the serum is quickly conveyed into the circulation.

At the present time this serum can be obtained only from institutions caring for measles patients, a supply insufficient for community needs. Public spirited physicians and nurses can do much in educating lay people concerning the desirability of obtaining a small amount

of blood from a healthy adult following a course of measles. Possible donors should be encouraged to make such a contribution which can do them no harm, and which may mean the saving of the lives of those who need protection. When serum cannot be obtained from a recent convalescent case, serum from the parent or from some person who has previously had measles seems to modify somewhat the course of the disease, but it is not nearly so valuable as serum from a patient who has recently recovered from the disease.

Prophylaxis: Recent developments in the use of convalescent measles serum as a prophylactic measure give great promise of reducing the high death rate in a disease which, together with its complications, causes more deaths in children of the pre-school age than does any other contagious disease. It has been demonstrated again and again that by giving susceptibles exposed to measles a dose of five c.c. of serum in from one to five days after exposure, practically every one is protected. This protection, though lasting only a few weeks, is very valuable in preventing epidemics in schools, hospital wards and children's institutions. It is also very useful when the school child develops measles from some unknown source and exposes a baby, a delicate child, or a tuberculous member of the family, before the nature of his illness is known. Protection in

such cases is obviously of vital importance.

Immunization: Permanent protection is acquired only by having the disease. Recent experiments in which eight to ten c.c. of convalescent serum is given from six to ten days after exposure show very gratifying results. Persons thus treated develop a very mild, modified type of measles. There may be no Koplik's spots, no rash over the mucous membranes, no coryza and no bronchitis. A mild rash with some fever is present. Thus the patient develops an active, permanent immunity, with the dangerous toxic symptoms and attendant serious complications eliminated. The course is very short. The patient is very slightly indisposed for a day or two. The rash is very scanty and transient and the patient is often kept in bed with difficulty.

Treatment: The treatment of measles always has been very unsatisfactory. In the severe, toxic type of the disease, common in widespread epidemics, in army cantonments, and among little children, bronchopneumonia has been the most common contributing cause of death. Many other serious complications and sequelae have made this disease one of the great enemies of youth. By prophylactic treatment in babies as indicated and by modification of the usual course in older children its dangers may now be reduced to the minimum.

TOO LATE FOR CLASSIFICATION

THE OREGON STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will meet for the purpose of conducting examinations, April 8 and 9, at Portland, Oregon, and at a later date, to be announced, at Pendleton, Oregon.

AN "ALL THE YEAR ROUND" GREEN SHEET STORY

BY NELLIE M. WILLETT, R.N.

PERHAPS in a blue moon we lucky mortals sit down and "count our many blessings, count them one by one." But there is one blessing we are apt to forget all about, the wonderful privilege we have of keeping as clean as we are willing to spend the time for. Among people who live in the midst of bathrooms and running water, cleanliness has long ago ceased even to be a virtue; it is the veriest commonplace, like having enough to eat and pure air to breathe.

So it is something of a shock to some of us when the knowledge first comes that the "Great Unwashed" is made up not only of those who don't care to be clean, but also of many who haven't the chance. To be possessed of all the instincts of decent living, to have spent one's youth in industry and frugality, and then in old age, through no fault of one's own, to be dependent on others, if not for the actual necessities of life, at least for the very simplest of refinements, must be hard beyond measure. To this class belong many of our chronic patients who depend on us for their weekly bath.

Mrs. B. is a little German woman over eighty years old. She has a peculiar form of palsy known as paralysis agitans, which renders her unable even to feed herself. She has brought up a large family, sixteen in all, it is said, but what has become of them we cannot say. Probably many of them died in infancy and those who are left are far away and perhaps too busy to be much

concerned with the welfare of their mother. So the poor old woman is left with no one to care for her needs except her husband, who is several years older than herself and not in vigorous health. Besides doing the work of the house and the necessary things for her, he has also to earn the living as he has always done, by janitor work for the neighboring apartment houses. With this double burden, is it any wonder that he has no time nor strength left for the things which we have been taught to consider the essentials of good nursing as well as the very foundations of normal living?

However, some of the women of the church to which Mr. and Mrs. B. belonged wished to help the brave old couple. Occasionally some of them went into the home and did what they could, but good as their intentions were, somehow they did not exactly meet the need. All of them had homes of their own to care for, none of them were richly blessed in worldly goods, and, moreover, they had not the skill in handling a helpless patient that is second nature to any nurse but which we all know comes only by long experience. To hire a special nurse was out of the question; it would have been an unwarranted expense. Finally one of the good ladies saw a way out of the difficulty. They did not wish their old friends to be obliged to accept charity from outsiders, so from the treasury of the Ladies' Aid Society they send to the Visiting Nurse Sub-Station the small sum which the Association asks of those who are able

to pay for care. Now we call every week to see Mrs. B. and give her the attention that she so much needs and that she would be unable to get in any other way.

Only now and then do we have the opportunity of saving a life or even of helping to save one. To some of us the great moment never come; we spend our

whole lives in doing little acts for which no Carnegie medal was ever awarded. But lest we grow envious of those fortunate enough to serve in this spectacular way, let us remember that good visiting nursing consists not only in preventing death but it sometimes helps to make living more endurable and even more comfortable.

REMOVAL OF MERCUROCHROME AND ACRIFLAVINE STAINS

According to New and Nonofficial Remedies, 1924, "the aqueous solution (of mercurochrome) stains the skin red, but the discoloration may be removed by washing in a solution of sodium hypochlorite (solution of chlorinated soda)."

The A. M. A. Chemical Laboratory reports that mercurochrome, acriflavine and other like stains can often be removed according to the following general procedure: The stained cloth is immersed in as small an amount as possible of a solution containing about 1 per cent. hydrochloric acid (1 part of diluted hydrochloric acid U. S. P. and 9 parts of water) and 2 per cent. potassium permanganate. The cloth should remain in this solution not longer than one minute; it is then transferred without rinsing to a solution containing not more than 1 per cent. hydrochloric acid, to which from 5 to 15 per cent. (by volume) of solution of hydrogen dioxide, U. S. P., has been added. As soon as the potassium permanganate has been reduced by the hydrogen peroxid, the cloth is well rinsed in water. If the stain has not been entirely removed, the procedure is repeated, the cloth being permitted to remain in the acid potassium permanganate solution for a somewhat longer period.

Before trying the method on cloth, however, it is advisable, if possible, to subject a remnant of the unstained material to the same procedure in order to determine (1) whether or not the cloth will withstand the treatment, and (2) in the case of dyed goods, whether or not the original color is removed. In the case of fresh stains of mercurochrome or acriflavine on dyed cloth, the former, not being fixed, can often be removed without affecting the original color of the cloth.

Stains on the hands can readily be removed by the use of the solutions just described.

—*Journal of the American Medical Association*, Dec. 6, 1924.

A NURSES' MEMORIAL WINDOW

All races and creeds from far and near are contributing to the \$15,000,000 fund required to bring the Cathedral of St. John the Divine in New York City to completion.

A committee of which Mrs. Deborah C. Allee is chairman has already raised \$3,000 of the \$10,000 required for a Nurses' Memorial Window and District 13 has pledged \$100 a year for five years to the fund and is asking its affiliated alumnae associations to contribute also. Those who are interested in contributing to a beautiful memorial in what will be one of the greatest churches in the world should address Mrs. Allee, House Mother, Pictorial Review Company, New York.

EDITORIALS

MISS NUTTING RESIGNS

"THERE were giants in those days!" So will posterity speak of M. Adelaide Nutting and the small band of brilliant women of her generation who have so firmly and surely laid the foundations upon which the towering and spreading structure of American nursing rests.

When the present school year closes, Miss Nutting will quit the chair of nursing at Teachers College, Columbia University; a chair which might never have been established without her forceful and inspiring leadership and from which has radiated a beneficent and world-wide influence on the care of the sick and the teaching of health, and which has literally illumined the way for many nurses. Guided always by the vision and animated by the zeal of the prophet, Miss Nutting has sometimes met the fate of all those who, in holding fast to the larger plan, refused to be swayed by ephemeral conditions. The misunderstandings are negligible as compared with the appreciation of those who were thrilled by William Lyon Phelps' characterization, on the occasion of Yale's recognition of her services by bestowing an honorary degree, when he called her "one of the most useful women in the world." The record of eighteen years of courageous, forceful and consecrated service in the College is as yet written in deeds, rather than words, in imperishable memories, and in benign influences which have radiated from center to center until they have circled the globe.

Time alone can give the perspective

necessary for a proper evaluation of a great life work; none is attempted here. Not within Miss Nutting's lifetime can her achievements be measured for her work is not yet completed. "Finis" can be written only when with body and mind relieved of the strain of each day's mounting work, she shall have collected and put into permanent form the writings which form such a valuable part of our professional literature and shall have contributed some of the further observations and results of years of scholarly research and persistent search for truth.

The announcement of the resignation was made with the utmost simplicity to those of the Alumnae of the Department of Nursing and Health who had gathered for the annual dinner on February twelfth. Miss Nutting expressed her "deep gratitude to our graduates for their generous confidence and unfailing support during the years of our association." The announcement of the appointment of her successor was made with characteristic generosity for, said Miss Nutting, "the work could never have grown as it has without the extraordinary ability and devotion which Isabel M. Stewart has brought to it."

The immediate reaction of the Alumnae to the announcement was one of profound emotion followed by quick response to the appeal for loyal support of Miss Stewart, upon whom such heavy responsibilities have fallen. The Alumnae present pledged themselves to "carry on" as best they may the ideals of one who has been animated always by motives of sincerest altruism.

GRADING NURSING SCHOOLS

SO loose has been much of our thinking about hospitals and schools of nursing that nurses and prospective nurses are not infrequently under a misapprehension. The fact that a hospital has received a grade of "A" from the College of Surgeons is no proof that its school of nursing is of first rate quality, for the school in such a hospital may lack many things essential to proper teaching and to wholesome living conditions. This misunderstanding is only one of many reasons why the time seems ripe for launching the program for grading which was discussed editorially in last month's *Journal* by Isabel M. Stewart who, as Chairman of a Committee of the National League, has been assiduously working on the plan for many months.

The splendid results of the grading of hospitals are a matter of great pride, particularly to the very institutions which had to work hardest to meet the requirements. In common with other human institutions, they needed a measuring rod. Having applied it, they found it much easier to present the case for funds and broader community interest than would otherwise have been possible. Schools of nursing need the same sort of measuring rod; a statement readily substantiated by the experience of all those who are responsible for postgraduate courses in nursing, and by those who have had to secure, as postgraduate work, courses which should rightfully have been a part of their undergraduate experiences. Graduate nurses who have been justly dealt with by their schools should be interested to help others to receive an equally "square deal." Those who received less than

their due in the way of professional preparation should be eagerly alert to any opportunity for furthering such a program. What is needed at this time is careful thought and earnest effort to think the question through. It would be easy for graduates of the stronger schools to encourage them to rest on their laurels, easy for graduates of weaker schools to avoid the issue through a mistaken loyalty, in the hope that the weakness be not found out. True loyalty requires the courage to face facts and to help improve conditions. It behooves the profession as a whole to inform itself and to get behind this movement in order that justice be done to the students in our schools and to those whom they will serve for the period of their professional lives.

No appeal has yet been made to nurses for funds to develop the grading program. It is significant, however, that, through the Illinois League, three Chicago Alumnae Associations—Wesley, Mercy and Presbyterian—have pledged to the National League of Nursing Education the sums of \$50, \$100 and \$150 respectively. As announced last month, it is not believed that nurses will need to carry the whole financial burden but it is enormously encouraging to have such evidence of the interest of nurses. It seems to indicate that such support may be depended upon should occasion arise.

THE GOVERNMENT NURSING SERVICES

THREE thousand nurses are now on duty in our five government nursing services. It is a fine total but it should be larger. Before the World War jarred us broad awake, the nurse corps of the Army and the Navy, the only

government services then in existence, seemed very remote to most nurses. To the 22,000 whose records make an imposing file in the office of the Surgeon General, the Army Nurse Corps at least must forever be a vital, tangible thing as well as a source of most stirring memories. In the same way, the Navy Nurse Corps, although requiring smaller numbers, won the interest of many nurses; but thousands upon thousands of American nurses have little notion of what these services stand for in "piping times of peace," and of the opportunities they offer for study and special preparation of various sorts. Still less do they know of the younger nursing services, those of the United States Public Health Service, the Veterans' Bureau, and the recently reorganized Indian Nursing Service.

It is the purpose of the *Journal* to broadcast accurate knowledge through a series of articles by the directors of the services—the first to appear in the *Journal* for April. This editorial is merely a preface to that series and sets forth only a few of the high lights. First of all, we should like to state that the directors of the services are in no sense bureaucrats. They are surprisingly well informed as to the individual values and problems of their widely scattered units. They have a keen sense of responsibility for the individual nurses and the care of the human beings who are their patients. Earnest, hardworking, theirs are no easy tasks! The positions demand large administrative ability, broad vision, much tolerance and wide human sympathy. Drawing nurses from the whole country and redistributing them throughout our possessions, it is to their credit and to the

credit of the profession that they are able to maintain a true esprit de corps.

"What actual nursing service do the nurses in Government service render?" is a question often asked.

The Army Nurse Corps, at the present time, is doing much more than caring for sick soldiers and their families, for the Army hospitals are utilizing all possible beds for the care of veterans of the World War, Veterans' Bureau cases, so-called. It may be described as a straight nursing service, inasmuch as the nurses give actual care to patients. This service has, too, the Army School of Nursing, located at Walter Reed Hospital in Washington. Twenty-five per cent. of the graduates have enrolled in the Corps and those who have entered civil practice usually render service of a high order.

The Navy Nurse Corps differs from the Army chiefly in that its members are charged with the additional duty of training corps men for sea duty, for to these men falls the responsibility for caring for all illness aboard ship, since the voyaging of Navy nurses is limited to duty aboard transports and the hospital ships, "Mercy" and "Relief." While, therefore, nurses in Navy hospitals are responsible for the care and comfort of patients, some of the actual care is delegated to the Corps men under the supervision of nurses. Like the Army hospitals, those of the Navy have admitted large numbers of Veterans' Bureau patients, and, because of this expansion of its work, the Corps needs still more nurses.

The nurses of the Public Health Service are mainly in the Marine Hospitals, caring for patients from the merchant marine, and such groups as the

lighthouse keepers and workers in the Coast and Geodetic Survey, patients of the Employees' Compensation Commission, and other government beneficiaries. The greater number are employed in hospitals, dispensaries and in quarantine stations; a number, however, are public health nurses and have the rare privilege of working on some of the pieces of research that form such a large part of the service rendered the country at large by this, the oldest of the medical departments. Working often in remote districts, it means much to have the director of a piece of investigation in a mining region say, "Never once has a nurse been treated disrespectfully." High tribute to the character of these women!

What one says of the Veterans' Bureau today may not be true tomorrow, for it grows by leaps and bounds. This is particularly true since the passage of the World War Veterans' Act (June 7, 1924), permitting the hospitalization of all ex-service men and women. Fifty hospitals are now operated by the Bureau and two more are about to be opened. These hospitals are filled with patients. The care of many of them is the most solemn obligation laid upon this country by the war, for to them the war did not end on Armistice Day and for many it will last while life lasts. Well did nurses know that it was not over for them either, but perhaps we should again be reminded that nurses are needed to "follow up" patients and that hospitals cannot be staffed automatically. This service needs ever-increasing numbers of nurses. Thousands of these patients have tuberculosis, other thousands are mental cases, while the general hospitals offer all the ills that flesh is heir to. They

require nursing of a high order. Here is an opportunity for real service. It is also an opportunity for the ambitious nurse to secure valuable experience.

Last to be discussed and least in numbers is our Indian Service. This service will require within the next year a small number of highly qualified public health nurses—women with the strength of character to stand isolation and the vision to sense the need, to appreciate the opportunity and to glory in the romance of service on the Western reservations.

Our government nursing services have an importance out of all proportion to their numerical strength. They are essential to extremely important groups of workers; and to thousands upon thousands of persons these nurses typify the American nurse of today. It is well for us to know the services more intimately, to support them by our sympathetic interest, and to maintain them at their maximum strength with well qualified nurses who will remain in service a sufficient length of time to prove their own worth, and to derive profit and satisfaction therefrom.

RAISING A MILLION

ONE million dollars for the new residence for the school of nursing is the goal of the alumnae of the Presbyterian Hospital School of Nursing, New York City. Ground was broken January thirty-first for the great Medical Centre which will be the consummation of the joint planning, over a period of years, of the Hospital and of Columbia University.

The Alumnae Association has undertaken the responsibility for securing the sum of one million dollars required to

build the school of nursing. Into the fund will go the proceeds from the sale of Florence Nightingale Hall, the present residence, but successful completion of the project will require raising the sum of \$500,000 within five years. Miss Maxwell has returned from France to assist with the drive, which was launched at a dinner on February third, at which Dr. John Finley was toastmaster. Much quiet work had been done in advance of the meeting and it was possible to announce the receipt of \$50,000 through the Special Gifts Committee.

The student body, whose members will be alumnae before the buildings are completed, had requested the privilege of participating, so class presidents and vice presidents were present, as were also a number of students who acted as ushers. The surprise of the evening came when a student representative dramatically announced that they would raise a sum equivalent to \$250 per student and that there would be one hundred per cent. participation, although the amounts raised by individuals might vary. She furthermore presented pledges for \$26,000, concluding her remarks with the statement that although the Alumnae Drive was just beginning, the student drive was closing, as the amount pledged is more than two-thirds of the student quota. Such is the spirit of youth! Such is the spirit of the Presbyterian!

Only one other Alumnae Association, to our knowledge at least, has undertaken so tremendous a task—Johns Hopkins nurses are working persistently toward a one million dollar endowment for their school and the first hundred thousand is now in sight.

These are stupendous undertakings

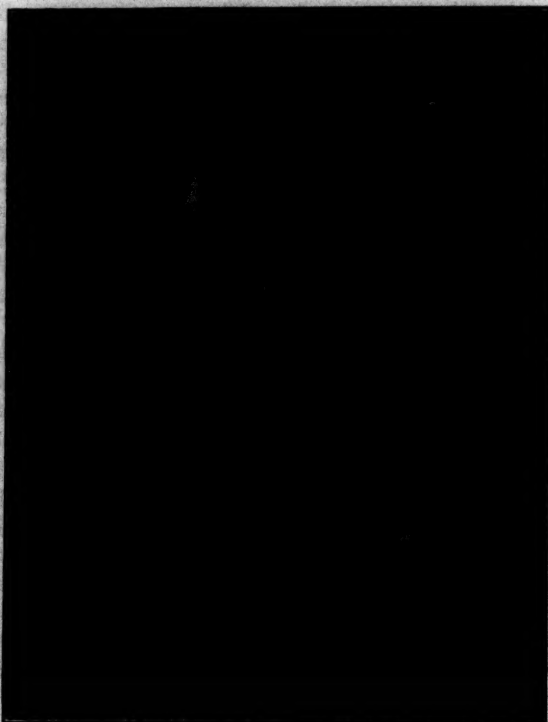
for women who can never hope to achieve personal wealth through professional effort, but we predict that fulfillment will come because they are rich indeed in vision, courage, resourcefulness and driving energy.

THE DISTRIBUTION OF NURSES

“IT is a community problem to organize for supplying nursing service to those who cannot afford to pay the customary charges,” says Dr. Winford Smith. “It is not the responsibility of the nurse or of the nursing profession.”

Cleveland has traveled so steadily and so far on the highway of coöperative effort that it seems ungracious even to suggest a next step, but the articles on The Centralization of Nursing in Cleveland seem to offer hope that Cleveland or some other city may pick up the challenge of Doctor Smith by providing the funds and the spirit for a piece of research in the distribution of private duty nurses that has long been needed. Assured salaries and reasonable hours would go far to mitigate the hardships and uncertainties of private duty as at present practised; this in turn would make possible more continuous service with patients actually in need of skilled care by lessening the tendency of so-called luxury nursing which is sometimes indulged in for economic reasons or because no nurse can care for acute cases in rapid succession under the present system of duty hours. The future holds the solution of this problem of a distribution of nurses that will be just both to patients and to nurses. Will Cleveland—or some other city—show the way?

WHO'S WHO IN THE NURSING WORLD



XLIV. IDA ANTOINETTE NUTTER

BIRTHPLACE: Newington, N. H.
PARENTAGE: American. **PRELIMINARY EDUCATION:** Public schools; graduate of Normal School, Salem, Mass. **PROFESSIONAL EDUCATION:** Graduate of the Boston City Hospital, under Miss Drown. **POSITIONS HELD:** Superintendent Lawrence General Hospital, Lawrence, Mass., two years; Superintendent of Nurses, Polyclinic Hospital, Philadelphia, Pa.; Night Supervisor, Rochester General Hospital, Rochester, N. Y., under Miss Palmer; Superintendent

Laconia Hospital, Laconia, N. H., six years; Superintendent Franklin Hospital, Franklin, N. H., ten years; Instructor of Nurses, in Portsmouth and Exeter, N. H., three years. **OFFICES HELD:** President, Secretary and Treasurer, State Association; Secretary, Treasurer, State League of Nursing Education; Member of the New Hampshire Board of Nurse Examiners, 1907-1913, and again in 1924. **PRESENT OCCUPATION:** Instructor of Nurses. **ADDRESS:** Newington, N. H.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

REVISION OF THE STANDARD CURRICULUM

BY ISABEL M. STEWART, R.N.

Chairman, Committee on Education, National League of Nursing Education¹

INTRODUCTION

THE first edition of the Standard Curriculum was published in 1917. There have been some minor changes in succeeding editions, but the general plan and content have been left until the time should come for a more complete revision.

We used to be told that the human body renews itself completely every seven years, and also that human life passes from infancy to childhood and then to adolescence and maturity in seven-year cycles. Perhaps something like this may be true in the life of a profession. Certainly no one who has been in touch with nursing in the past seven years could fail to notice the rapid changes that have taken place in that period. Nursing seems to be coming of age and with the passing of adolescence comes a consciousness of new responsibilities and new needs and a desire for a preparation that more nearly fits this new stage of our development.

Valuable as the old curriculum has been and still is, it has been evident for some time that a number of changes should be made to keep it in line with

these newer developments and with the improvements which have been taking place in our more progressive nursing schools. The fact that the Curriculum has been used so extensively, makes it all the more important that it should be correct and up-to-date and should represent the best ideas we have been able to develop in the education of nurses.

The Education Committee has been at work on the revision for over a year with a large number of sub-committees, composed of nearly one hundred nurses from all parts of the country, and representing all branches of nursing work. It has been decided to have the new curriculum issued, as far as possible, through the *Journal* and to have reprints made of all the separate outlines, so that they may be secured in single copies or in quantities from the League of Nursing Education Headquarters, 370 Seventh Avenue, New York City. The Committee hopes in this way to reach a wider group of readers and to get from them helpful criticisms and suggestions before the material is gathered together and published in book form.

In revising the general plan of the theoretical and practical work, the Committee has been guided by a number of considerations. First should be mentioned the Report of the Committee on Nursing and Nursing Education with its detailed study of the needs of the field and the actual content of Nursing

¹The other members of the Committee are: Miss Nutting, Honorary Chairman, Effie Taylor, Carolyn Gray, Mary Roberts, Katharine Tucker, Gertrude Hodgman, Nellie Hawkinson, Susie Watson, Sister Domitilla, Helen Wood, Mary Pickering, Katharine Kimmick, Lillian Clayton, Helena McMillan, Amy Grant. Laura R. Logan and Blanche Pfefferkorn are members, *ex-officio*.

Education. Many suggestions have come also as a result of experience with the old curriculum and other forms of educational experimentation during these last few years.

Because of the wide difference of opinions on the question of the twenty-eight months as against the three-year course, the Committee has decided not to lay down any definite recommendations as to the length of training, but to present what it considers the basic content of any good course in nursing and to suggest two or three possible arrangements.

WHAT GOES INTO THE BASIC COURSE

We are hearing constantly that "simple bedside nursing" is quite a different thing from public health nursing and other forms of nursing service, and that a much shorter and simpler training should be provided for the nurse who expects only to care for the sick. We have also heard a good deal from public health nurses and others about the deficiencies in our present system of nursing education. The position of the Committee is briefly this, that good nursing in the sense in which Florence Nightingale understood and practised it, contains all the essential elements that go into public health nursing, but these elements have not always been brought out and emphasized in the hospital training. There is no reason why the social and preventive and teaching side of nursing should not be taught in its elements in any good nursing school, indeed it is just as essential for the private nurse or the hospital nurse as for the future public health nurse, to have this broader conception of her duties and responsibilities. It would be disastrous indeed if

we should allow the great taproot of our professional training to be impoverished and dried up by the loss of those vital elements that should nourish the whole body and not one special branch.

If these elements belong to nursing and if they are to have their maximum value to the patient the hospital and the student nurse, they must come into the training early so that they can be applied all the way through. They should not come as a special illumination at the end or as a corrective for that peculiar derangement of social vision which unfortunately affects many nurses,—a sort of hospital astigmatism or myopia which makes them indifferent to everything outside their own walls, or beyond their technical duties.

If a short period of visiting nursing goes in as a part of the student's experience, its purpose would be to emphasize those preventive and educational elements a little more definitely and not to attempt the special training of public health nurses. After graduation those nurses who wish to enter public health nursing could start with the less responsible positions where they would be working under supervision and receiving a certain amount of training "on the job." Later, if they want to be specialists or to assume positions of more responsibility in any form of nursing work, they will need a definite period of postgraduate training.

CHANGES IN THE COURSE OF STUDY

The first change has been to omit the electives in the last year, which were intended to introduce the student to her chosen field of professional work. In the place of courses in public health nursing, private nursing, executive work,

etc., a general course is given, called "a Survey of the Nursing Field and Professional Problems." This outlines the possibilities in all fields of nursing. An effort has been made to put more emphasis on the human and social side of the nurse's work from the beginning, while not neglecting the scientific and technical side. In the same way the idea of health protection and health teaching is brought forward and carried right along with the study of disease and the nursing care of the sick. Because of the very close relationship between social conditions and public health it has been decided to combine these two subjects in one called "Modern Social and Health Movements." On the whole it is not so much a question of extra subjects and extra hours for these newer phases as a change of emphasis in existing courses where we have always tended to over stress the processes of disease and the technic of treatment and to slight the causes and the measures of prevention.

Nothing has been more evident in the last few years than the changing attitude toward the mental aspects of disease and nursing. Where we found it hard to introduce a course in psychology even as a recommended subject in the old curriculum, it is now pretty generally accepted in all the better schools as an essential subject of study. It is suggested that this course should be quite definitely applied to the nurse's needs, with special emphasis on mental hygiene and teaching principles.

The Committee has received strong recommendations from all kinds of special groups, urging more time for dietetics, tuberculosis, venereal disease, pediatrics, obstetrics and almost all the

clinical subjects. If all these recommendations had been acted upon, the total number of hours would have been easily doubled.

While some advancement has been made along the whole line, the main increase has been put in the first year. In the old curriculum the fundamental sciences were very weak in comparison with other subjects. We all agree that science teaching loses half its value unless it can be taught with individual laboratory work. We must either drop all idea of laboratory work or give more time to these subjects. Our science is the foundation of our whole structure and if that foundation is weak, all the other subjects will suffer. But we also need more time for our nursing art which is the ground floor of the structure. In the elementary course we have gathered together with the simpler nursing procedures a number of related skills—housekeeping, bandaging, elementary massage, charting, surgical supplies, etc. These may be taught by different people, but it seems best to consider them all as phases of nursing practise.

The experience of many schools seems to be that a further extension of this course in general nursing practise is needed to cover the more advanced procedures and that this should be organized in a more systematic way with more emphasis on nursing technic than is possible in connection with the courses in medical and surgical diseases. It has been decided therefore to continue this course of Nursing Procedures into the second term of the first year, and to postpone the lectures in Medical and Surgical Disease until the second year, if necessary. The courses "Elements of Pathology" and "Case Study," will be

taken parallel with advanced nursing procedures and will help students to study and understand the cases they are actually working with in the wards. These case studies should bring together all the different elements of disease, diet, medications, nursing care, personality, social handicaps, etc., and should teach students how to adapt their nursing care to the needs of the individual patient. Once the method of study is learned, students would be expected to work out a certain number of case records under the supervision of their head nurses, and send them in regularly through the summer term as well as the academic year. It is believed that with this background the clinical lectures and classes of the second year will take on new meaning, the knowledge learned through cases will be organized and unified, gaps will be filled up, and no serious loss from the postponement of the medical and surgical lectures will be felt. Individual schools may be able to fit these into the second term or the summer but it does not seem possible to further increase the number of class hours in the first year for many schools, especially since the hours on duty have already been reduced to five daily in that term.

It will be noticed that the course in Dietetics has been transferred from the first to the second term. This was necessary in order to relieve the congestion in the first term. This course includes "Diet in Disease" or "Dietotherapy" with the elements of Nutrition and Invalid Cookery.

The arrangement of subjects in the second and third years is suggestive merely. It is impossible to set down any definite sequence of practical experience because of the different types of

hospitals, the practical necessities of the hospital service and the problems of affiliation. Mental nursing has usually been considered a third year subject and is so placed here, but the sub-committee on that subject recommends that it be put in the second year if possible because of its influence on the point of view of the nurse and its help in the care of all patients.

A few extra subjects are suggested beyond those that are considered basic. They might be introduced as elective in the second or third years for students who are able to carry more than the required work, or they may be offered by three-year schools in the last year if they can be fitted into the program without crowding out more essential things.

ADJUSTMENT OF THE CURRICULUM TO INDIVIDUAL SCHOOLS

In spite of the clearest statements in the old curriculum, there has been some misconception about its purpose and use. It may be well to repeat these statements about the revised curriculum. In the first place it is not a *model*, nor is it a *minimum* curriculum such as the various states require as a basis for registration. It has been agreed upon as a *reasonable working standard for the higher grade of American nursing schools*. It is not expected or intended that schools should follow it slavishly. It is hoped that they will use it as a guide, pull themselves up to its best recommendations, adapt it to meet their own needs and conditions and that they will improve on it whenever possible.

It would be unwise for weak or backward schools to attempt at once to conform to such a program. They may

have to omit some subjects entirely and scale down the number of hours one-half or one-third in the beginning, building up their curriculum as their facilities improve. The curriculum itself is relatively useless, unless there are teachers and supervisors to interpret it, and apply it, unless the resources of the hospital and school are adequate and the conditions of life and nursing service favorable to good work. Time for study and recreation must be available as well as time for lectures and classes. All these things must be built up *together* or the results will be disappointing and may discredit the whole movement for the better education of nurses.

USE OF TERMS AND DIVISION OF TIME

There has been some questioning of the terms "preparatory" or "preliminary" as applied to this early part of the nursing course. Since this period is an integral part of the whole scheme and not, as one might suppose, a separate unit to be covered before the student is admitted to the actual study of nursing, it is recommended that we drop both these terms and think of the first year as one complete unit, just as we do the second and third years. Any given number of months of this period may be assigned for probation. Students would of course enter together in sections and each group would follow the program of the first year as before.

It is also recommended that we find some substitute for the word "probationer" ("first year student" is probably the best term), and that we should not use the terms "junior" and "senior" to designate second and third year stu-

dents, but leave them to indicate relative positions of responsibility on the wards.

The length of the academic year is usually about eight months though some schools prefer to spread their classes and lectures over a ten month period and this would probably be necessary in the 28 month course. The usual college semester of fifteen weeks has been accepted as the basis for this curriculum and courses have been constructed so that they could be easily evaluated in terms of college credit if desired. One unit or point is usually accepted as the equivalent of fifteen hours of class or lecture work or thirty hours of laboratory work. For each hour of class and lecture work, however, the student is expected to do one and one-half hours outside study or assigned work while laboratory work requires little or no outside preparation. All examination periods are included in the hours listed. If the trimester term of ten weeks is considered better, the schedule can easily be changed and the credit evaluated on that basis.

The plan presupposes a six-day week with two half days or preferably one full day off duty every week, whether the student is on day or night duty. The time spent by the student on her professional work has been divided into (1) practical experience, (2) lecture class and laboratory work, and (3) study, *the total of all this required work not to exceed 10 hours a day*. This is still in excess of what should be required of young students in any field, but if rigidly enforced it would be a decided step in advance of what we are doing now in most nursing schools.

GENERAL PLAN OF THE CURRICULUM

FIRST YEAR

Winter Term*—Fifteen Weeks

Subjects	Total Hours	Points or Credits
Anatomy and Physiology	90	4
Bacteriology	45	2
Applied Chemistry	45	2
Hygiene and Sanitation	15	1
Physical Training	15	--
Elementary Materia Medica	15	1
Elementary Nursing (with Housekeeping, Bandaging, etc.)	90	4
History and Ethics of Nursing	30	2
	345	16

Weekly Schedule for Term—

Class and Laboratory Work	22 hours
Physical Training	1 hour
Practical work in wards and other departments	16 hours
Study	21 hours

Spring Term—Fifteen Weeks

Subjects	Total Hours	Points or Credits
Elements of Pathology	15	1
Dietetics	60	3
Materia Medica and Therapeutics	30	2
Advanced Nursing Procedures	30	2
Applied Psychology (including Mental Hygiene and Teaching Methods)	30	2
Case Study	15	1
	180	11

Weekly Schedule for Term—

Class and Laboratory Work	12 hours
Practical work in wards, diet kitchen, etc.	32 hours
Study	16 hours

SECOND YEAR

Thirty Weeks

Subjects	Total Hours	Points or Credits
**Medical Nursing — continued in Communicable Diseases (and Skin)	30	2
**Surgical Nursing — continued in Surgical Specialties (Orthopedic and Gynecological Nursing and Operating Room Technic)	30	2
Pediatric Nursing and Infant Feeding	30	2
Modern Social and Health Movements	30	2
	180	12

Weekly Schedule for Year—

Lectures, Classes and Clinics	6 hours
Practical Work	45 hours
Study	9 hours

*If a second section of students is admitted in the spring, this term would be repeated and the spring term would also be repeated as a summer term. In order to leave two months free from class work in the summer, the theoretical work here might be doubled up and carried in two months, reducing the concurrent practice to 16 hours weekly.

**For the 28-month school, one of these subjects would need to be included in the first year in order to bring up some of the third year subjects, leaving not more than 90 hours for the last year, which would be 4 months only.

THIRD YEAR

Fifteen or Thirty Weeks

Subjects	Total Hours	Points or Credits
Obstetrical Nursing	30	2
Mental Nursing	30	2
Nursing of Diseases of Eye, Ear, Nose and Throat	15	1
Emergency Nursing and First Aid	15	1
Survey of Nursing Field and Professional Problems	30	2
	120	8

Weekly Schedule for Term or Year—

Classes, Lectures and Clinics	6 hours
Practical Work	45 hours
Study	9 hours

For the Three Year Schools, two or three subjects might be added from the following group:

Public Hygiene and Preventive Medicine	15 to 30 hours
Special Therapeutics (Elements of Physiotherapy, Hydrotherapy, Occupational Therapy)	15 to 30 hours
Special case work on any group of patients in hospital, dispensary or visiting nursing association	15 to 30 hours
Elements of Social Science	15 to 30 hours
Reading Aloud, Public Speaking and Parliamentary Law	15 to 30 hours
English Literature and Composition	15 to 30 hours

PRACTICAL EXPERIENCE

Suggested Plan for Division of Services on Both the Three-Year and the Twenty-Eight Month Basis

	3 yr.	28 mo.
First term (assignments varied—wards, supply room, etc.)	4	4
Medical (includes general medical wards and diet kitchen)	6	5
Surgical (includes general surgical, gynecological, and orthopedic wards, operating room, accident room)	6	5
Communicable Diseases (includes work in special divisions for contagious diseases, tuberculosis, venereal disease)	3	2
Pediatrics (includes infant feeding)	3	3
Obstetrics	3	3
Mental and Nervous Diseases	3	2
Eye, Ear, Nose and Throat, Skin or other specialties	2	—
*Dispensary (medical, surgical and pediatric clinics including some home service, if possible)	3	2
Vacations	3	2
Total	36 mo.	28 mo.

*As far as possible the dispensary and clinic experience should be connected with the ward experience on the one hand and the community nursing service on the other.

THE EVALUATION OF CREDIT¹

BY ANNA C. JAMME, R.N.

POSSIBLY no more complex matter has presented itself to superintendents of schools of nursing than that of the migratory student, whether for justifiable or unjustifiable reasons. There are at times very good reasons why a student should change her school and in so doing she should not be penalized by loss of time. Again a student who does not do well in one school may succeed better in another. Still again a student may be doing well in class and bedside work and commit an infringement of rules compelling dismissal, which lesson is so severe she profits by it if admitted to another school.

Conditions governing the migratory aspect are so varied that it would seem necessary that there should be a court

of appeal outside the school, where the question of continuing the course or receiving credit could be determined. I am sure we realize that many times students have suffered an injustice and have hesitated to leave a poor school to go to another, fearing complete loss of standing. On the other hand, if students know that records are scrutinized and adjustment is based on standing they are less liable to migrate for insufficient reason.

The evaluation of credits for previous education as university, college, normal school or special subjects in high school does not, I believe, come into the subject which we now have under consideration. I have interpreted my part in this round table to mean the evaluation of credits for work taken in an accredited school.

I believe that every student, on leaving a School of Nursing during the term

¹The two short articles presented are excerpts from a round table discussion upon the Evaluation of Credit, held at Detroit, Michigan, June, 1924.

of her instruction, irrespective of the reason for leaving, should have handed to her a transcript of record showing the subjects she has taken, the number of hours in each subject, the rating on examination, the practical experience in each department, length of time and efficiency grades. The record should state whether the student has been dismissed or has resigned, the reason for dismissal or resignation, and it should be signed by the superintendent of nurses. With this in her possession, the student may make application to another school and if the superintendent of nurses is willing to accept her on this or further information, her credit should be adjusted on what she presents. This adjustment may not be based solely on the length of time she has spent in the former school but on the amount of instruction she has received, the subjects she has actually completed and on which she has had an examination and has passed. Working on the premise that instruction should precede practice work, she could receive credit for her practice accordingly.

It seems that we have now arrived at a uniform curriculum in every state which is definite as to periods of instruction, such as preliminary, first year, second year, or third year, with subjects arranged for each period. If the transcript of record shows the completion of the preliminary period the student should receive full credit for that time. If she has completed all of the subjects of the first year, also the practice work allotted for that period, she should have credit for this. Frequently, however, the transcript of record does not show a complete finishing of each period, in which case the applicant should be re-

quired to take the full period again. If only one or possibly two subjects are omitted, she should be required to make these up and suffer a loss in proportion to the weight of the subject.

The most difficult adjustment is when the applicant leaves the first school late in her course and the school to which she applies is unwilling to confer its diploma unless she is at least one year in residence. This is difficult for both student and superintendent and necessitates repetition of practice and waning interest on the part of the student, who is merely marking time. I am sure many of us have known instances where it has required several years to complete the course and we have marvelled at the courage of the student in going on with it.

In doubtful cases a temporary adjustment might be made and the student given the benefit of the doubt or time to prove herself. An examination in the subjects in which she has not passed may also help to clear up the doubt and establish her right to credit.

The following recommendations on the question of credit for previous training may be considered feasible:

1. Credit should be given only on instruction taken in an accredited school.
2. The record of instruction in theory and practice, showing the grades received and reasons for leaving the school, should be handed the student.
3. Credit should be based on instruction and not on the length of time in the school.
4. Adjustment should be made by some power outside of the school, preferably the Board of Examiners.
5. Records of all adjustments should be kept by the Board of Examiners.

HOW IS TIME CREDIT DETERMINED?

BY MARION VANNIER, R.N.

THE value of time spent in another school depends so largely upon the quality of instruction and the variety of experience offered there, that it is usually impossible for the Superintendent of Nurses or the School Committee to determine time credit with any degree of accuracy.

The only safe and fair method for all concerned is to have the value of the time spent estimated, and the credit determined, so far as possible, by the State Educational Director or other representative of the State Board of Examiners exercising control or supervision over the nursing standards in the state or states in which the two schools are located. It is hardly conceivable that any school should fail to recognize the right of the State Boards to assist in settling this important question, since they are responsible for registration of nurses after graduation and without a preparation that is satisfactory to the Board, the student might find it difficult to register. Moreover, from a purely ethical standpoint it would be a discourtesy on the part of the directors of the school to ignore, or to fail to invite participation of the Board.

It is customary at the University of Minnesota to test the student's scholastic ability by requiring that she spend three months in the University taking the preliminary quarter subjects, no

matter what stage of training she may have reached in the school from which she is transferring. She may obtain exemption for part of this work, provided the credits are satisfactory to the registrar. If she does creditable work, she is admitted to the school with the understanding that in place of shortening her course by time credit, she will be permitted an elective of from three to six months at the end of the three years, provided this is warranted by the quality of her practical work. So far, this method has been entirely satisfactory to the student and has obviated any question regarding time credit.

In the University School we have three types of credit allowance to deal with—

1. The case of the student just referred to, who transfers from another school.
2. Credit to our own students entering the school with a Bachelor's or Master's degree to whom special electives of three to nine months may be given in specialized or advanced nursing.
3. Credit toward the B. S. degree allowed the graduate nurse for professional work done in another school. She is required to have two years of academic work plus one year in which one quarter is spent in sciences, preliminary to nursing, for which academic credit is given, and two quarters in advanced nursing, for which academic credit is given, supplemented by enough time spent in hospital services, not given in her own school, to test the quality of her professional education.

LIST OF PUBLICATIONS, PORTRAITS AND SLIDES

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THE NATIONAL LEAGUE OF NURSING EDUCATION

AND DISTRIBUTED FROM

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DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

Director, Nursing Service, American Red Cross

AMERICAN RED CROSS REORGANIZATION

ALL over the world there are nurses who will want to know the details of the transition just passed by the American Red Cross. As it affects their colleagues and their work in the United States, it is a matter of great interest to them. Last month the national organization settled down into its final, peacetime form, stabilized after conditions that have left nations precarious and uncertain. It was the exigencies of the World War and the demands on the American Red Cross which necessitated the division of the country into sections, for its purposes. A federation of movements was brought about and through its fourteen divisions the unprecedented work of war time was carried. In the years following the Armistice the necessary contraction began. The fourteen divisions were reduced to nine in 1921 and to six in 1922. They were finally abolished on February 15 last. Instead, two branch offices were set up, one in St. Louis, formerly the headquarters of the Southwestern Division, and the other at San Francisco, formerly headquarters of the Pacific Division.

So were brought about realignments in keeping with the peace time contraction of the budget, yet coördinating for the better the several activities of the American Red Cross and making for direct contact between Chapter and National Headquarters.

Under the Chairman remain the two Vice-Chairmen, one in charge of Insular and Foreign Operations, whose province

is unaffected by the changes, the other in charge of Operations in the United States. The latter has five Assistants at National Headquarters, four of whom will severally be responsible for groups of states formerly in the New England, the Washington and the Southern Divisions.

Group 1: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut and New York.

Group 2: Pennsylvania, New Jersey, District of Columbia, Maryland, Delaware, Virginia and North Carolina.

Group 3: Ohio, Indiana, Kentucky, West Virginia and Tennessee.

Group 4: South Carolina, Georgia, Alabama, Mississippi, Louisiana and Florida.

For this territory, with 1,381 Chapters and their many branches, the Vice-Chairman himself is immediately responsible and either his Assistant, or a Second Assistant in each group of states, will be in the field practically all the time, strengthening field service at the top and insuring continuity of direction and adequate supervision. Responsibility for the promotion and administration of all Red Cross activities in the states of Illinois, Iowa, Michigan, Minnesota, Montana, Nebraska, North Dakota, South Dakota, Wisconsin, Wyoming, Arkansas, Colorado, Kansas, Missouri, New Mexico, Oklahoma and Texas is vested in the Vice-Chairman through his Assistant in charge of the branch office at St. Louis; and in the states of Arizona, California, Idaho, Nevada, Oregon, Utah, Washington and Alaska through his Assistant in charge of the branch office at San Francisco.

Service heads with adequate staffs remain at National Headquarters. They comprise the Nursing Service, the Public Health Nursing Service, Instruction in Home Hygiene and Care of the Sick, Nutrition Service, Disaster Relief and Preparedness, First Aid and Life Saving, Volunteer Service, War Service, Civilian Home Service, Public Information Service and Junior Red Cross.

Needed technical advice and assistance in dealing with individual Chapter problems will be given by these National Directors to the Vice-Chairman and his Assistants and supervisory responsibility for the maintenance of standards in the actual conduct of the work will necessarily be the prerogative of the heads of the Nursing, Public Health Nursing and Home Hygiene and Care of the Sick Services as well as of others in the health education group. Such Service heads will maintain a direct personal contact with the representatives of their respective services in the Chapters. Similarly, in the two branch offices the Assistant to the Vice-Chairman will have an advisory staff of Assistant Directors of the Services enumerated.

TRANSFERENCE OF NURSING PERSONNEL

Naturally, such a reorganization has meant considerable transference of nursing personnel and the severing in some cases of old ties. The three National Directors remain as before. Ida F. Butler continues as Assistant to Clara D. Noyes, National Director of Nursing Service, and Helen Teal to Elizabeth G. Fox, National Director of Public Health Nursing. I. Malinde Havey, former Director of Nursing in the Washington Division, who has been

connected with the Red Cross since 1915 with the exception of the period 1917-1919 in war service overseas, has become Miss Fox's Assistant in charge of all the Chapter work. She is being assisted by Annabelle Peterson, her assistant in the Washington Division since March, 1924, formerly assistant director of nursing in Indiana for four years and in Red Cross service since 1914; and by Myrtie Taylor, who since September, 1920, has been Red Cross Nursing field representative in New Jersey. Mrs. Annie S. Humphrey, from 1922 Director of Home Hygiene in the Washington Division and before that in a similar position in the old Atlantic Division, is now Assistant to Mrs. Isabelle W. Baker, National Director of Instruction in Home Hygiene and Care of the Sick.

Nursing Service at the St. Louis branch office is under Mrs. Elsbeth H. Vaughan, who took charge of nursing in the Central Division early in 1924, who was with the American Red Cross in Europe as Assistant Director of Nursing, and who before that was for two years at National Headquarters. Olive A. Chapman, appointed in August, 1921, Director of Nursing, Southwestern Division, who wishes to take a long rest before considering any appointment, has consented to remain until the early summer to help Mrs. Vaughan. Rose M. Ehrenfeld, who was State Director Bureau of Child Hygiene and Public Health Nursing for North Carolina serving the State Board and the Red Cross for four years in the Southern Division, comes back to the Red Cross from her position with the Director of the American Nurses' Association at 370 Seventh Avenue, New York, to be Mrs. Vaughan's Assistant. Helen Scott Hay,

from 1914 to 1917 Chief Nurse of the American Red Cross Unit to Europe and Chief Nurse of the Commission, 1918 to 1922, when she returned to the United States, is becoming Director of Instruction in Home Hygiene at St. Louis. Elsie Witche, who latterly has been assisting Mrs. Vaughan in the Central Division and who has been connected with the Red Cross since her enrollment in 1917, has not decided at the moment of writing whether she will remain with the Red Cross Nursing Service or accept one or other of several inviting offers.

San Francisco remains unaffected by the changes and Dorothy Ledyard continues in charge of the Nursing Service in the Pacific group of states.

Jane Van De Vrede, Director of Nursing in the Southern Division since October, 1917, who was invited to come to National Headquarters as one of the Assistants to the Vice-Chairman, has declined the offer feeling that in the interest of her health she should take an extended rest. Virginia Gibbes, Director of Nursing in the New England Division since her return to the United States from the Philippines, where she was in charge of Red Cross Nursing Activities from 1922 to 1924, has accepted the position of Superintendent of Public Health Nursing under the Municipality in Knoxville, Tenn. Lola Yerkes, for the past year Director of Home Hygiene in the Central Division, resigned her position last January.

FIELD REPRESENTATIVES INCREASED

In this direct contact between National Headquarters and the Chapters affected by the new arrangement, greater importance is being attached to the work of the field staff, which is being consid-

erably strengthened and the number of nursing supervisors increased. There have been some transferences as regards territory—and additions, as stated,—but the old personnel remains unchanged.

Matilda Harris, who until the beginning of last year was Nursing Representative in Colorado and New Mexico and then resigned to become Chief of the Bureau of Child Hygiene and Public Health Nursing under the New Mexico State Board of Health, is coming back to the Red Cross as Nursing Field Representative in New York.

Mrs. Charlotte M. Heilman, for the past year, until the closing of the Chapter, in Santo Domingo as Director of Nursing Activities, before that in Greece, Italy and Serbia under the Red Cross Commission, has accepted the position of Nursing Field Representative in the State of Florida.

RELATIONS WITH NURSING COMMITTEES

An important result of the change is that State and Local Committees on Red Cross Nursing Service in the East and South of the United States are once more brought into direct touch with National Headquarters as before the war. It is through these Committees, not only in the East and South but all over the country, that the Nursing Service has been able to build up and maintain a splendid record of promptitude in service and efficiency so that it is now axiomatic to say, as has frequently been said of late: "You can depend on the nurse." With the Committees alive to the significance of the change and coöperating in the same full measure with the Chairman of the National Committee,

this first-hand contact will make for the same efficiency but for even greater speed in working.

In her letter on the subject to the Committee Clara D. Noyes, Chairman of the National Committee, says:

This change brings the Committees on Red Cross Nursing Service once more in contact with the Nursing Service at National Headquarters. Following the development of Division Offices and the routing of correspondence through them, you have not had the intimate relationship with the National Office that existed prior to the war. The efficiency of this renewed relationship will depend largely upon your attention to the instructions which are attached. We in turn hope to be able to give you the same prompt attention that you have had through the Division Office.

The Red Cross Nursing Committees are vital to the life of our Nursing Service. Without their coöperation it would have been impossible to have supplied 20,000 nurses for the military program during the war. While we hope we shall never need to call upon you again for this type of work, we shall be obliged, with the elimination of the Division Office, to rely upon you for various types of assistance. This contact may be directly with us, or through service rendered to the Committee on Nursing Activities or the Executive Committee of the nearest Chapter. We hope very much that your relation to the Chapter has already been established on a basis of mutual helpfulness.

In order to operate efficiently in your primary function of enrolling nurses, as well as in all relationships, it becomes doubly important that you should be thoroughly familiar with the procedure indicated in the attached communication. Assuring you of our deep appreciation of the work that you have done in the past and looking forward to the happiest of relations in the future.

The communication to which the letter refers deals with the addressing of mail to National Headquarters, to be marked either "Committee Mail" or "Personal Mail," according to the matters with which it is concerned, in the

lower left-hand corner; with requests for supplies; with bills for postage; and with application forms, so that incomplete ones which have been frequent of late will be eliminated. In order that application forms may furnish the necessary details, the latest requirements for enrollment are fully set forth. They include satisfactory physical examination; statement of American citizenship, certified, if necessary; and graduation from Schools of Nursing meeting educational requirements.

THE NEW INSIGNIA



With the words embroidered in red as well as the cross and the white circles outlined in navy blue, the new washable arm insignia for Red Cross Nurses is very attractive. Reproduced actual size.

The new insignia for Red Cross nurses have arrived—and very attractive they look. It will be recalled that the Red Cross on the cape is not technically correct, and some criticism of its use had been made because the Red Cross should only be superimposed on a white background. Again, it had been felt highly desirable that a distinctive arm insignia should be provided for Red Cross nurses in order that they might easily be recog-

nized, especially in disaster work, and confusion between them and other workers avoided. A design was wanted of such a character that it could be utilized by all nurses irrespective of the type of Red Cross work they might be doing. So these washable insignia for the arm and the front of the hat were planned and admirably do they meet the needs in mind. Red Cross nurses will be proud to wear them.



With the words embroidered in red as well as the cross and the white circles outlined in navy blue, the new, washable hat insignia for Red Cross Nurses is very attractive. Reproduced actual size.

The arm insignia is a white circle two and a half inches in diameter, edged with navy blue embroidery, a quarter-inch in depth. A Red Cross, one inch high, stands out boldly from the center circle, one and a quarter inches in diameter, which is formed by a narrow stitching of navy blue. In the white border between this inner band of navy blue and the outer embroidery are the words in red letters five-sixteenths of an inch in depth, AMERICAN RED CROSS NURSE. The smaller insignia, about

an inch less in diameter, is an exact duplicate of the one described, with the design proportionately reduced, and is to be worn on the front of the hat.

ENROLLMENT ANNULLED

One more list is added here to those issued monthly in these columns, giving the names of nurses whose Red Cross enrollment has been annulled for various reasons, after due investigation and consideration of the facts in the individual cases. Nurses, whose enrollment is annulled, are reminded that their appointment cards and badges must be returned to the Nursing Service at National Headquarters, as they always remain the property of the Red Cross:

Blanche Mary Parsons, Mrs. Grace Paul (*nee* Wical), Mrs. C. W. Peddycourt (*nee* Helen Pearl Strong), Mrs. Lulu Belle Peppy (*nee* Martin), Frances Bernadine Peterson, Emily G. Phillips, Mrs. Mildred Stuart Platte (*nee* Heller), Arline C. Plummer, Mary A. Plunkett, Margaret Pollard, Mrs. M. L. Pollock (*nee* Marion L. Carkhuff), Amy Elizabeth Potts, Mrs. Inez M. Potter (*nee* Roberts), Mrs. Eleanore Pearle Powers (*nee* Goodwin), Yolande Franc Price, Delia H. Provancher, Mrs. Agnes Rasmussen, Mildred M. Rayson, Mrs. Jennie I. Reames, Kathleen J. Reddington, Mrs. A. D. Relyea (*nee* Margaret Smedes), Karanda Remmen, Ida Therese Renner, Effie C. Replogle, Elizabeth T. Reynolds, Mrs. E. C. Reynolds (*nee* Grace Adelaide Armstrong), Florence Blanche Richards, Mrs. Alice Lenore Rick (*nee* Phillips), Elsie L. Robertson, Helen Hubbard Roberts, Julia Anna Roderick, Alberta Mary Rogers, Mrs. F. L. Rouse (*nee* Minnie Olla Ezell), Dora Rubin, Rae Theresa Rubin, Marion Marguerite Russell, Mrs. Edward H. Ryan (*nee* Gertrude Miller), Anna Maude Robinson (colored nurse).

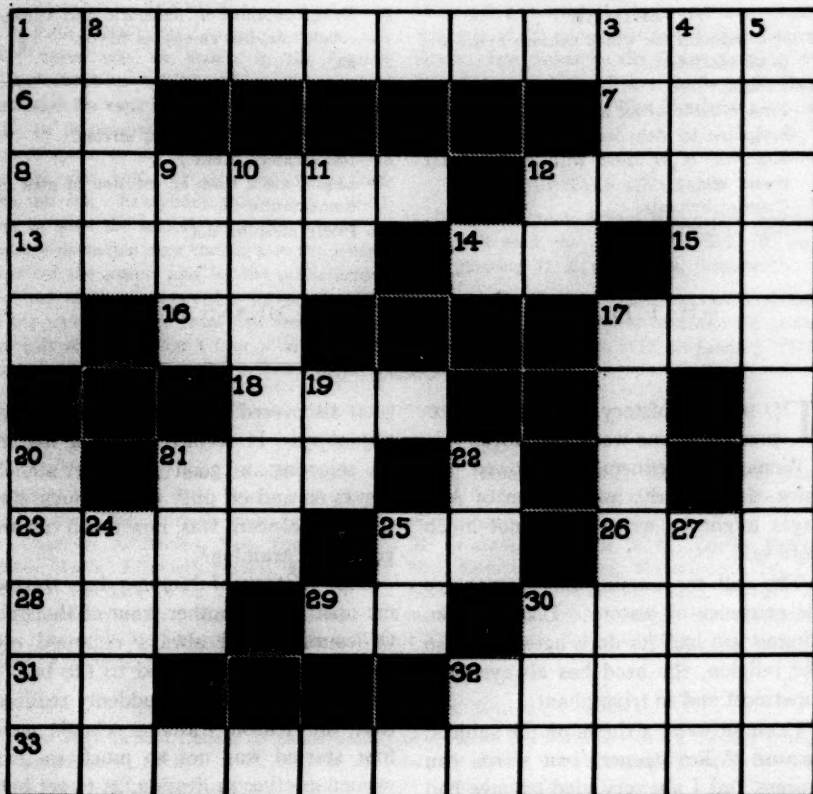
STUDENT NURSES' PAGE

A CROSS WORD PUZZLE ON DRUGS AND SOLUTIONS

(With the Symbol of the Dram)

By M. McC.

Presbyterian (N. Y.) Hospital School of Nursing



HORIZONTAL

- 1—Near
- 2—Symbol of a metal whose oxalate and nitrate are used as medicines.
- 7—What stimulants supply.
- 8—A drug root from Brazil.
- 12—An African peasant.
- 13—Exhibits the weakness of age.
- 14—Expressing assent.
- 15—Form of verb "to be."
- 16—Creditor.
- 17—A mix-up in Out-patient Dept.
- 18—The three R's of the medicine nurse.
- 21—What they did "that first Thanksgiving Day."
- 23—The number of mls of a 25% solution necessary to make 45 mls of a 5% solution.
- 25—This word in combination with "dozen," a sure cure for obesity (abbr.).
- 26—"A" Street.
- 28—Country which is the chief source of supply for strychnine.
- 29—Equivalent of 0.6 mil in Apothecaries' System.
- 30—Against.

- 31—"Tango" or "Coffee" should suggest the name of this continent.
32—Pertaining to upper part of innominate bone.
33—First thing one must learn in the study of Drugs and Solutions.

VERTICAL

- 1—A compound for which calcium hydroxide is an antidote.
2—Pumpkin seed.
3—First syllable of an alkaloid derived from morphine by dehydration.
4—Kind of H_2O used with mustard for pastes, etc.
5—Counter-irritants.
9—And so forth.
- 10—A kind of ointment whose base contains wax or paraffin.
11—In like manner.
12—Blue grass state.
17—An alkaloid of opium.
19—Civil Engineer (abbr.).
20—Drug contained in paregoric and various cough mixtures chiefly as flavor.
21—Et.
22—Up to.
24—In water.
25—An animal noted for its strength.
27—Immediately (abbr.).
30—Liquor made from an infusion of malt by fermentation.
32—Prefix meaning not.

WHAT THE HISTORY OF NURSING MEANS TO ME¹

I

BY LOIS CORDELIA GRAY

TO me, the history of nursing is expressed in one word: sacrifice.

Women of refinement followed the voice of the needy, as did Joan of Arc. Pages might be written, but not much more said.

The call for nursing has been since the existence of history. Like religion, nursing has had its dark ages, but also like religion, the need has always been uppermost and so triumphant.

I cannot write a thesis on the subject, because it lies deeper than words can express, but I am very glad to have had the opportunity to study the lives of those wonderful women who have made nursing a profession.

II

BY ESTHER BAZER

When I entered training, it was with a more or less selfish attitude which I

soon discovered was not peculiar to myself alone. It seemed to be a matter of selecting a good training school. Hours on and off duty meant much, but the chief concern was, how much can we get out of training?

The History of Nursing has started me upon quite another train of thought. Of course I had always regarded my patients as being entitled to the best I could give them, but I suddenly realized that the reason training schools were first started was not so much to give women another profession, as to get better care for the sick.

The struggle that those pioneers in nursing went through was prompted by one prevailing condition—the neglect and suffering of the sick poor.

The History of Nursing cannot help but be an inspiration to those who are engaged in the work, and to me it has given a deeper insight and a clearer understanding of the principles upon which the nursing profession is founded.

¹From an examination in History of Nursing given at the School of Nursing, Denver General Hospital, Denver, Colo.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

ANOTHER CAP PRESENTATION SERVICE

DEAR EDITOR: About a year ago there was an article in the *Journal* telling about a school where the seniors presented the caps to the probationers making this an impressive occasion. Some of the seniors spoke to me about it and we carried out the idea with our class last spring and also this fall. Everybody thinks it is a good idea to have the seniors show this interest in the new probation class coming into the school, good for the seniors and for the probationers. We had quite an impressive ceremony. One of the seniors read a poem and another, who had just returned from a four months' public health nursing course, told a little about it.

Then twelve seniors read a little quotation each and presented the caps and a typewritten copy of the quotations to the probationers. After a few words by the Superintendent, we sang our consecration hymn, *I Would Be True for There Are Those Who Trust Me*.

Mass.

B. E.

JOURNALS ON HAND

Mary E. Simms, School House Hill, Shields, Pa., will send the *Journal* for 1924 to any one desiring it if postage is furnished.

Anna F. Gordon, New Athens, Harrison County, O., has an almost complete file of the *Journal* from January, 1911, to January, 1923, which she will sell.

ADDRESSES WANTED

The Treasurer of the National League of Nursing Education, Marion Rottman, Mt. Sinai Hospital, Milwaukee, Wis., wishes to learn the present addresses of the following members of the League. The addresses given are the last ones known:

Charlotte A. Barney, New York; Carolyn M. Brunson, Hartsville, S. C.; Lucille Ferris, Seattle, Wash.; Elizabeth Huyett, Kansas City, Mo.; Elizabeth Harding, Mamaroneck, N. Y.; Olive D. Hartlove, Long Island City, N. Y.; Ada L. Kincaid, Shawnee, Okla.; Barbara J. Kern, Bridgeville, Pa.; Mrs. Jean McIntosh, Lincoln, Neb.; Mary S. Power, San Francisco, Cal.; Jeannette M. Sigerson, Wenatchee, Wash.; Frances Scott, Saginaw, Mich.; Caroline F. Spotts, Elizabeth, N. J.

SUGGESTED PRE-NURSING COURSE FOR WISCONSIN SCHOOLS

The High School Course, as recommended to students intending to enter a nursing school upon graduation, consists of 15 units in all (one unit equals five recitations a week for one school year). Of these 15 units, the following are deemed essential:

Subjects	Units
English	3
Algebra	1
Plane Geometry	1
History, Modern and American	2
Science	3
Citizenship or General Science	1

(Two of three units in Science must be Chemistry and Biology, the other units to be taken from Physics, Botany, or any other Science.)

The recommended electives are: Physical Education, Latin, Modern Languages, Public Speaking, Economics, Social Problems, Civics, Journalistic Writing ($\frac{1}{2}$ unit). If languages are taken, two units must be secured in each language. It is advised that not more than four of the required fifteen units will be accepted in any one subject. The above course, while giving the best preparation for those entering schools of nursing, at the same time meets the college entrance requirements.

NURSING NEWS AND ANNOUNCEMENTS

THE LEAGUE CONVENTION

THE NATIONAL LEAGUE OF NURSING EDUCATION will hold the 1925 annual convention in Minneapolis, Minn., May 25 to May 30.

THE ADVISORY COUNCIL OF THE AMERICAN NURSES' ASSOCIATION will meet at the same time as the National League of Nursing Education, May 25 through May 30, in Minneapolis, Minn. The definite date for the meeting of the Advisory Council will be sent to the representative of each State Association later.

DIGEST OF MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OF THE AMERICAN NURSES' ASSOCIATION, JANUARY 13-17, 1925

Seven sessions of the Board of Directors of the A.N.A. were held during the week, alternating with two joint meetings of the Board of Directors of the three national nursing organizations, the Stockholders of the *American Journal of Nursing* meeting, and the Board of Directors of the *American Journal of Nursing* Company.

Several of the Committees of the A.N.A. also convened during the week, namely, the Finance Committee, the Relief Fund Committee, the Headquarters Committee, the Robb Memorial Fund Committee and the Self Analysis Committee.

Reports of committees were submitted either in writing or verbally and those receiving the greater amount of attention were the Finance Committee and the Headquarters Committee which submitted an extensive program for the further development of the activities of the Association.

Reports of special committees on the Revision of the Constitution and By-laws for the International Council of Nurses and the committee on proposed program for the Congress of the International Council of Nurses to be held in Helsingfors, Finland, were especially considered.

The Director at Headquarters and the Assistant to the Director gave reports of the field work carried on during the months of October and November, 1924. Twelve annual meetings of State Associations were attended.

Helen F. Greaney, Chairman of the Private

Duty Section, was present at one of the sessions, at which time plans for the future development of this section were discussed. It was recommended that the by-laws of the Private Duty Section be amended to provide for the tenure of office and changing the term "by-laws" to "rules governing the section," also recommended that the voting body at the biennial meeting of the Section be limited to those actively engaged in private duty nursing.

Sarah E. Sly tendered her resignation as a Director and also as Chairman of the Revision Committee for the Private Duty Section. Lulu F. Abbott of Lincoln, Nebraska, was appointed to serve the unexpired term of office. Agnes G. Deans resigned as Secretary and Susan C. Francis, of Philadelphia, was appointed to succeed her.

The Board of Directors adopted the following resolutions of regret on these resignations:

1. WHEREAS, Sarah E. Sly and Agnes G. Deans have resigned from the Board of Directors of the American Nurses' Association after years of devoted service, it is the privilege and the pleasure of their colleagues to spread upon the records of the organization an expression of appreciation for their years of fruitful association.

2. THEREFORE, BE IT RESOLVED, that the Board of Directors express to Miss Sly their regret at the severance of the tie that has brought the Association the far reaching results of distinguished service as President, as a member of the Board of Directors and as Chairman of the Revision Committee.

3. Be it resolved, that we extend also to Miss Deans our regret that she has felt it necessary to relinquish the office of Secretary which she has so capably filled for many years. We believe that the effects of the quick responsiveness to people and to situations that has ever characterized all that she has done, will not be lost in any measure to the Association.

4. To both we beg to convey our sincere appreciation of their personal and particular contribution to the Association as expressed in what we realize will be the lasting results of their very unusual gifts in welding together many diverse elements and groups in the Association.

Delegates to the Congress of the International Council of Nurses to be held in Helsingfors, July 20-25, were appointed as follows: Adda Eldredge, President, with expenses paid; Laura R. Logan, President of the N.L.N.E.; Elizabeth G. Fox, President of the N.O.P.H.N.; Clara D. Noyes, Chairman of the Special Committee on Revision for the International Council of Nurses; Mrs. L. E. Gretter, Detroit, Michigan.

Alternates appointed were: The Vice Presidents of the A.N.A., Annie W. Goodrich, Isabel M. Stewart, Mary M. Roberts, Mary S. Gardner.

A committee of three, consisting of the three representatives of the nursing organizations at Headquarters, was appointed to compile material to be sent to Helsingfors for the Exhibit which will be held during the Congress.

Clara D. Noyes and Mary M. Roberts were appointed delegates to the Quinquennial meeting of the International Council of Women to be held in Washington, D. C., May 4-14. An appropriation of \$100 was made to cover the price of seats, as this is required for delegates. An appropriation of \$25 was made to cover the publicity concerning our nursing organizations, which is to be published in a Souvenir Book, which the Council is compiling for the occasion.

A request was received from the Committee on Grading of Schools of the National League of Nursing Education to appoint three representatives to attend a conference which is to be held in the near future, and Susan C. Francis and Julia C. Stimson were appointed, the third one to be appointed later.

With the adoption of the proposed plan presented by the Headquarters Committee the personnel at the Headquarters office has changed. The staff at present consists of: Agnes G. Deans, Director; Hazel P. Wetmore, Office Secretary, and Mrs. Mary A. Beatty, Bookkeeper. The other members as recommended in the plan will be appointed later.

The plan proposed by the Headquarters Committee is as follows:

PERSONNEL

Office Staff—Director, Publicity Secretary, Bookkeeper, Office Secretary and Stenographer.

Field Staff—Extension secretaries,—at least two.

EXTENSION ACTIVITIES

1. Assist in the development of Unit Association.

(a) Through the State Associations by preparing plans for reaching potential members (students) through education leaflet regarding A.N.A. organization and value, in form of lecture outline for Superintendent to present to student body.

(b) Coöperate with nurses' registries and Government Nursing Services.

2. Through State Associations assist in development of Alumnae Association activities.

(a) Prepare skeleton programs to be sent to Alumnae and District Associations.

(b) Prepare outlines for speeches on A.N.A. history, development and purposes.

3. Through State Associations assist in development of system of follow-up.

(a) Obtain from State, Districts and Alumnae Associations outlines of local successful measures used to hold membership and to develop membership.

(b) Pass such information on to other Alumnae, District and State Associations for use, if desired.

4. Through State Associations encourage and help District and Alumnae Associations to study and develop knowledge of Parliamentary Law.

5. Coöperate with all the officers and chairmen of sections, chairmen of committees, the *American Journal of Nursing* and the National Committee on Red Cross Nursing Service.

FIELD SECRETARIES

1. The duties of these Secretaries include:

(a) Attend annual meetings of State Associations.

(b) Filling requests to address groups of nurses wherever requested.

(c) Remaining in communities for conferences with State, District and Alumnae officers as may be required.

CONGRESS OF THE INTERNATIONAL COUNCIL OF NURSES TO BE HELD AT HELSINGFORS, FINLAND, JULY 20-25, 1925

The S.S. "Caronia," which is the official steamer selected by the Transportation Committee, is scheduled to sail on July 8, 1925,

from New York, arriving in Liverpool in time for the members to reach Helsingfors on July 20.

The Cunard Steamship Company is holding 200 reservations for those members desiring to take advantage of these and everyone is urged to make her reservation immediately through Thos. Cook & Son, 585 Fifth Avenue, New York, N. Y.

If more than 200 are booked for the S.S. "Caronia," Thos. Cook & Son will make reservations on any other steamship line the individual may desire.

Those who are obliged to, or wish to, reach Helsingfors before July 20, are advised to make reservations on steamers sailing at an earlier date.

All inquiries regarding accommodations on any steamship line to be made to Thos. Cook & Son.

NURSES' RELIEF FUND

REPORT FOR JANUARY, 1925

Balance on hand, Dec. 31, 1924... \$18,302.07

Receipts

Interest on bonds.....	60.00
Alabama: Dists. 1, 6, 7, \$20.30; Dist. 3, \$35.....	55.30
California: Dist. 3, \$12; Dist. 5, \$30; Dist. 9, \$31; Dist. 10, \$13; Dist. 11, \$5; Dist. 12, \$8.50; Dist. 18, \$27.....	126.50
Colorado: Glockner San. Alumnae Assn., \$26; Bethel Hosp. Alumnae Assn., \$15; St. Francis Hospital graduates, 33; individual mem- bers, \$51.....	95.00
Kansas: State Nurses' Association.....	33.00
Maryland: St. Agnes' Hosp. Nurses' Alum. Assn.	13.75
Massachusetts: Malden Hosp. Alum. Assn., \$7.50; Worcester Memorial Hosp. Alum. Assn., \$5; Worcester City Hosp. Alum. Assn., \$25; individual, \$10.....	47.50
Michigan: District No. 4, \$37; Battle Creek Dist., Battle Creek Sanitarium, \$68; individual mem- bers, \$7.....	112.00
New Hampshire: Nashua Memorial Hosp. Alum. Assn.	10.00
New Jersey: individual members ..	2.00

New York: Dist. 1, Buffalo, Children's Hosp. Alum. Assn., \$25; Dist. 4, Auburn City Hosp. Alum. Assn., \$53; St. Joseph's Hosp. Alum. Assn., \$35; indi- vidual member, \$5; Dist. 8, Sar- anac Lake, \$53; Dist. 10, Schen- ectady, \$35; Nathan Littauer Hosp. Alum. Assn., \$10; Dist. 12, Poughkeepsie, \$25; Dist. 13, \$500; Bellevue Hosp. Alum. Assn., \$25; Roosevelt Hosp. Alum. Assn., \$50; Lenox Hill Hosp. Alum. Assn., \$25; 5 individual members, \$22.10; Dist. 14, St. Catherine's Hosp. Alum. Assn., \$25; Manhattan State Hosp. Alum. Assn., \$25; Kings County Hosp. Training School Alum. Assn., \$25.....	928.10
Texas: Dist. 2, \$20; Dist. 12, \$5.....	25.00
Utah: Salt Lake County Hosp. Alum. Assn.	5.00
Wisconsin: Five individual mem- bers	5.00
Check returned; beneficiary re- covered	15.00
Total receipts	\$19,835.22

Disbursements

Paid to 60 beneficiaries.....	\$890.00
Postage	10.00
Miscellaneous expense	16.10
Total disbursements	916.10
Balance on hand, January 31, 1925	\$18,919.12
Invested funds	81,616.14
	\$100,535.26

All contributions for the Nurses' Relief Fund should be payable to the Nurses' Relief Fund and sent to the State Chairman; she, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If address of the Chairman of the State Committee on the Relief Fund is not known, then mail checks to the Headquarters' office of the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. Requests for leaflets should be sent to the Secretary at the same address. For application blanks

for beneficiaries, and other information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York, N. Y.

TABLE OF RELIEF FUND CONTRIBUTIONS FOR THE YEAR 1924

The figures in parenthesis are one year old, the latest membership figures not having been received.

States having a star after the name have reached or exceeded the desired quota of one dollar per member.

State	Membership	Amt. sent to Relief Fund during 1924
Alabama	289	\$64.10
Arizona	(65)	None
Arkansas	240	100.00
California	(2,718)	2,074.36
Colorado	(538)	44.00
Connecticut	(1,277)	305.20
Delaware	113	None
District Columbia	(561)	153.00
Florida	302	130.00
Georgia	(388)	210.00
Idaho	(53)	None
Illinois	3,286	931.33
Indiana	(1,261)	949.00
Iowa*	1,237	1,243.10
Kansas	528	141.00
Kentucky	479	110.00
Louisiana	(516)	31.50
Maine	(343)	201.00
Maryland	1,242	394.00
Massachusetts	2,837	180.00
Michigan	1,724	677.70
Minnesota	1,794	1,035.00
Mississippi*	69	200.50
Missouri	1,562	623.00
Montana	(138)	57.00
Nebraska	616	331.00
Nevada	(54)	31.00
New Hampshire	319	107.00
New Jersey	1,377	533.00
New Mexico	64	None
New York	8,868	5,015.69
North Carolina	609	161.00
North Dakota	202	26.50
Ohio	(2,345)	1,027.55
Oklahoma	291	258.00
Oregon	320	140.00
Pennsylvania	6,044	222.00
Rhode Island	(467)	27.00

South Carolina*	(199)	217.50
South Dakota	128	50.00
Tennessee	585	426.46
Texas*	700	868.00
Utah	162	34.00
Vermont	222	25.00
Virginia	487	None
Washington	(784)	508.00
West Virginia	300	200.00
Wisconsin	781	577.50
Wyoming	(49)	15.00
Hawaii*	79	148.27
Porto Rico	56	48.00

THE ISABEL HAMPTON ROBB MEMORIAL FUND

REPORT TO FEBRUARY 8, 1925

Previously acknowledged	\$29,311.84
Illinois: Alum. Assn. of Illinois	
Training School, Chicago	3.00
Iowa: Dist. 7	10.00
Massachusetts: Essex County	
Branch	10.00
	\$29,334.84

MARY M. RIDDLE, Treasurer.

Four scholarships of \$250 each are offered from this Fund for the year 1925-26 to nurses wishing to prepare for teaching or executive work. Application blanks may be obtained from the secretary, Katharine DeWitt, 19 West Main Street, Rochester, N. Y.

THE McISAAC LOAN FUND

REPORT TO FEBRUARY 8, 1925

Balance, January 7	\$218.84
<i>Receipts</i>	
Illinois: Alum. Assn., Illinois	
Training School, Chicago	3.00
Iowa: District 7	10.00
Massachusetts: Essex County	
Branch	10.00
	\$241.84

MARY M. RIDDLE, Treasurer.

Contributions to these two funds are solicited from nursing organizations and from individuals. Checks should be made out separately, payable to Mary M. Riddle, Treasurer, and sent to her in care of *The American Journal of Nursing*, 19 West Main Street, Rochester, N. Y.

ARMY NURSE CORPS

During the month of January, 1925, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Army and Navy General Hospital, Hot Springs, Ark., 2nd Lieuts. Aniceta A. Sullivan, Alma Halferty, Elsie G. Rhodes; to Attending Surgeon's Office, Washington, D. C., 1st Lieut. Pearl C. Fisher; to Letterman General Hospital, San Francisco, Cal., 2nd Lieuts. Alta Berniger, Edna L. Moat; to Station Hospital, Fort McPherson, Ga., 2nd Lieuts. Mary E. Ray, Etta E. Robbins; to Station Hospital, Fort Riley, Kas., 2nd Lieuts. Bernice Jones, Flora Listenfelt; to Station Hospital, Fort Sam Houston, Tex., 2nd Lieut. Josephine V. Bruen; to Walter Reed General Hospital, Washington, D. C., 1st Lieut. Florence Blanchfield, 2nd Lieut. Anna Claypool; to William Beaumont General Hospital, El Paso, Tex., 1st Lieut. Grace L. George; to the Hawaiian Department, 2nd Lieuts. Beulah V. McCrabb, Evelyn Nyquist, Frida M. Johanson, Lulu J. Newton.

The following named are under orders for separation from the Army Nurse Corps: 2nd Lieuts. Alice K. Andrews, Edna AuBuchon, Elizabeth Bishop, Sallie B. Brown, Bessie G. Day, Idelle Gardiner, Anna Gruel, Barbara A. Hohenberger, Myra Knickerbocker, Helen I. Miller, Dixie Spencer, Mary Sutton, Marguerite Weir and Maud Yanke.

JULIA C. STIMSON,
Major, Supt., Army Nurse Corps.

NAVY NURSE CORPS

During the month of January, 1925, the following nurses were transferred: To Annapolis, Md., Blanche Kennedy, Nurse, U.S.N.; to Charleston, S. C., Adah L. Farnsworth, Nurse, U.S.N.; to Chelsea, Mass., Marion F. O'Connor, Reserve Nurse; to League Island, Pa., Marilla Berry, Nurse, U.S.N., Daisy Sinter, Nurse, U.S.N.; to Mare Island Calif., Isabelle M. Leininger, Nurse, U.S.N., Martha Schmidt, Nurse, U.S.N.; to Norfolk, Va., Jessie M. Schraffenberger, U.S.N.; to Port Au Prince, Haiti, Mary F. Malley, Nurse, U.S.N.; to Puget Sound, Wash., Nellie Dewitt, Nurse, U.S.N.; to Quantico, Va., Frances C. Bonnor, Nurse, U.S.N., Caroline W. Spofford, Nurse, U.S.N., Bertha R. Marean, Nurse, U.S.N.; to St. Thomas, V. I., Marie V. Brizzolara, Re-

serve Nurse; to Washington, D. C., Isabel F. Lyday, Nurse, U.S.N.

Honorable Discharge: Anna V. Broderick, Nurse, U.S.N.

Resignations: Ethelyn S. Everman, Reserve Nurse, U.S.N. and Regina A. Crawford, Reserve Nurse, U.S.N.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE

The following transfers and reinstatements have been made in the U. S. Public Health Service during the month of January, 1925:

Transfers: To Pittsburgh, Pa., Carroll Swan; to Baltimore, Md., Georgia Scott; to Buffalo, N. Y., Georgia Bigler; to San Francisco, Calif., Blanche Thibodeau, Louise Thibodeau; to Chicago, Ill., Lois Blaser, Mary O'Toole; to Memphis, Tenn., Hazel Cupit; to Boston, Mass., Theresa Carr; to New York City, Cora Miller; to Norfolk, Va., Henrietta Robinson; to Gallops Island, Mass., Eunice Worrall.

Reinstatements: Mary B. Giles, Pearl DeLoach and Anna Kollander.

LUCY MINNIGERODE,
Superintendent of Nurses, U.S.P.H.S.

U. S. VETERANS' BUREAU NURSING SERVICE

REPORT FOR JANUARY, 1925

HOSPITAL SERVICE, Transfers: To Tacoma, Wash., Lillian Dooley, Ada McCane; to Alexandria, La., Louise Wells, Lucy Shackleford, Margaret Giles; to Muskogee, Okla., Elizabeth Ries; to St. Paul, Minn., Ora Drachmiller, Chief Nurse; to Legion, Tex., Margaret Reamy, Chief Nurse; to Rutland, Mass., Mary Donahoe, Lois Payne; to Dwight, Ill., Mary A. Burns, Beulah Clark; to Evergreen School for the Blind, Baltimore, Md., Lillian Reifsnider, H. N.; to Portland, Ore., Ella K. Martin.

Reinstatements: Florence Bourke, Emma Cunningham, Margaret McGraw, Freda M. Hutchinson, Julia C. K. Grace and Lucy Hardwick.

DISTRICT MEDICAL SERVICE, Transfers: To Pittsburgh, Pa., Rose Avery; to Prescott, Ariz., Rhea Ahlberg.

Reinstatement: Kathleen Binns.

The third conference of the U. S. Veterans'

Bureau Medical Council was held in Washington, D. C., on February 27 and 28, 1925. The U. S. Veterans' Bureau Advisory Committee of Nurses met on the same date.

During the month, the Superintendent of Nurses made an official visit to the Boston, New York and Philadelphia Regional offices; and to U. S. Veterans' Hospitals Nos. 44, 89, 41, 81 and 49.

MARY A. HICKEY,
Superintendent of Nurses.

REUNION OF TEACHERS COLLEGE ALUMNI

Teachers College Alumni Association held its annual reunion February 12. The session of the Nursing Education section was presided over by Miss Nutting. In offering greetings from the Department, Miss Nutting announced that Elizabeth C. Burgess had been made Assistant Professor of Nursing Education. She spoke of the enjoyment by the faculty of the new offices opened within the year. The general topic under consideration was Adjustment in the Nursing School Curriculum. Professor David Snedden, an authority on vocational education, spoke on Job Analysis as a Basis for Curriculum Making and emphasized the point that an analysis cannot be made until boundaries have been set and a vocation fairly well standardized; after this, the task is to separate the vocation into its component strands and make an analysis of strands rather than of the entire bundle. This is particularly true of professions such as nursing and engineering which have many specialties.

Anne Stevens, Director of the National Organization for Public Health Nursing, discussed What Is Public Health Nursing? and stressed the importance of a sound basic education in nursing upon which the special technic of public health nursing can be built. The importance of Psychology in order that the nurse may know how to influence her patients was pointed out. To What Extent Can the Fundamental Principles of Public Health Nursing Be Included in the Undergraduate Curriculum? was discussed by Effie J. Taylor and Amelia Grant of the Yale School. Their work is still in the experimental stage, but Miss Taylor stated that complete sympathy with the teaching program in all departments is a prerequisite to

success. Miss Grant discussed trips to social agencies and observation in out-patient departments as part of the preclinic term. A correlation of this knowledge with the teaching in wards, and carefully planned conferences were stated to be important factors, while even a short term with a visiting nurse association is essential to such a program. Carolyn E. Gray in discussing What Adjustments Should Be Made in the Preliminary Course, raised a number of questions such as that of finding a better term than Preliminary or Probationary for the first term and the very important question of the number of subjects it is reasonable to expect students in any school to carry at one time, the implication being that the mass of theory would be better given if distributed over a longer period.

Almost one hundred persons attended the dinner at International House. Miss Nutting was unable to be present and the announcement of her resignation to take effect at the end of the school year came as a distinct shock. It was the twenty-fifth anniversary of the Department and the eighteenth of Miss Nutting's service. Informal speeches on the Ideals of the Department and How They Are Being Fulfilled were made by Maude Landis of Stanford University School of Nursing, Mrs. Nellie S. Parks, Visiting Instructor of the Ohio Board of Nurse Examiners, Mrs. Mary Breckinridge, who has just completed a course in Midwifery in England as a further preparation for work with the Kentucky Mountaineers, Helen Frost of the Philadelphia Visiting Nurse Association and School of Social Work, on teaching public health nursing, Nina Gage, Director of the School of Nursing at Hunan, Yale, China, and Winifred Forsyth, who is doing an unusual piece of health work with the resident students in International House.

INTERNATIONAL CATHOLIC GUILD OF NURSES

On January 1, the Guild, then less than a year old, had 378 paid-up members. Indications are for a rapid growth in membership. One hundred and thirty-four cities in the United States have contributed their quota, Illinois and Missouri being the states with the largest membership. At present, one-tenth of the members are non-Catholic. Plans for the second annual meeting, which will be held at

Spring Bank, are now under way. It will probably occur during the last week of May and the first week of June.

Arkansas: Texarkana.—NURSES OF THE MICHAEL MEAGHER HOSPITAL entertained the hospital directors, the doctors and their wives at Christmastime, at the Yellow Dragon. The decorations, place cards, music and toasts all made a harmonious and jolly gathering. Great efforts are being made to unite the nurses of the city in common professional interests.

California: Los Angeles.—THE CALIFORNIA LUTHERAN HOSPITAL ALUMNAE held their annual meeting in December. Grace Sampson, chairman of the Membership Committee, reported 21 new members, 10 reinstated and 11 associate members added during the year. Beulah Bryant told what had been done for members who were ill by the Sick Benefit Fund Committee. Officers elected were: President, Vada Grace Sampson, vice presidents, Erna Stoltenberg, Alice Cannon; secretary, Metta Fugit; treasurer, Nanny Anderson. Later, a social meeting was held at the home of Miss Sampson when the guests of honor were Mrs. Janette Peterson, president of the State Association, Mrs. Clara S. Lockwood, secretary-treasurer of District 5, and Mrs. Ella Dietrich, president of the Los Angeles Nurses' Club and also of District 5. The work of the past year was reviewed and plans were made for the coming year. THE CALIFORNIA LUTHERAN HOSPITAL held graduating exercises for a class of 35 on January 15 at St. Saviour's Lutheran Church. Addresses were given by Rev. Milton H. Stine, D.D., and by Walter V. Brem, M.D. The Nightingale Pledge was administered by the Director of Nursing, Anne A. Williamson; the diplomas were conferred by M. L. Ullensvang. An informal reception at the Nurses' Home, followed the exercises. A radio set was presented to the Home by the class. On the Sunday preceding the exercises, baccalaureate services were held at the Anglican Lutheran Church. On the Tuesday preceding, a dinner was given to the class by the Juniors.

San Francisco.—THE NORTHERN BRANCH OF THE CALIFORNIA STATE LEAGUE OF NURSING EDUCATION held an Institute, January 6 through 8. Of 163 persons attending, 63 were from out of town, some of the nurses coming from distant points such as Los Angeles. A

daily lecture on Psychology by Charles E. Rugh, Professor of Education of the University of California, roused so much interest that 25 instructors and supervisors signed up for a special extension course offered by the University. Special interest was shown in the Round Table on Communicable Disease Nursing and one on Mental Nursing. Other subjects discussed were Hospital Planning in Relation to Efficiency in Professional Service, Methods of Teaching Anatomy, Faculty and Student Cooperation, Role of the Head Nurse in the Education of the Student, Planning for Practice in Nursing, Moral Elements in the Training of a Nurse, Correlation of Theory with Practice, and Teaching Drugs and Solutions.

Connecticut: THE CONNECTICUT LEAGUE OF NURSING EDUCATION held its thirteenth annual meeting in Hotel Bond, Hartford, January 28. The morning session was taken up with the annual reports. Dr. Rockwell Harmon Potter, pastor of the Center Church, welcomed the members to the City of Hartford, spoke in part of the appreciation of the general public for the nursing profession, ending the address with prayer. Round Tables for the re-organization of the instructors' and dietitians' sections were held at 11:30 a. m. At the Instructors' Section, Miss Deeter gave a very interesting talk on Nursing Conditions in China. Luncheon was served in the Mezzanine for members and guests. At the afternoon session it was voted to accept the recommendations presented by the Executive Committee that the League make a pledge to the Scholarship Loan Fund of the Yale University School of Nursing, also furnishing of the History of Nursing slides to the schools of nursing without rental fee, beginning with the spring session. The President's address reviewed the activities for the year. The most important was the establishing of a standard for the equivalent of one year of high school. She spoke of the splendid cooperation and spirit of helpfulness of the officials of the State Board of Education and the need of higher educational standards and prerequisite studies. The principal speakers for the afternoon gave very interesting and instructive addresses. Dr. Francis G. Blake, Professor of Medicine, Yale University School of Medicine, on New Treatment for Scarlet Fever; Dr.

Martha M. Elliot, Director of Child Hygiene, U. S. Children's Bureau, New Haven, on "Rickets," Method of Seeing Patient—Cure. The calendar committee reported the sale of about 850 calendars. During the past year the grim reaper has taken one of the members, Florence Wakefield, of the Wm. Backus Hospital staff, who died in November. Miss Wilkinson, President of the State Board of Examination and Registration of Nurses, gave some interesting data; one, the registration of 3,136 nurses since 1907. The report of the tellers gave the following: President, Harriet Leck, Director V.N.A., Hartford; secretary, Mary G. Trites, Hartford Hospital, Hartford; treasurer, Helen G. Lee, Hartford Hospital, Hartford. In the evening a joint meeting of the three state organizations of nurses was held. After a word from each president, in which she outlined the relation of her organization to the whole, Dr. George O'Hanlon, of Bellevue Hospital, spoke on Educational Standards. Thursday was given to the meetings of the Graduate Nurses' Association. In the morning Miss Kraeker spoke concerning the report on the study of visiting nursing. The afternoon was devoted to business, reports from alumnae associations and the President's address by Miss Bigelow. On Thursday evening there was a banquet with community singing and original poems. Friday was Public Health day. In the morning, Miss Stack explained the bill which is to be presented to the Legislature on State Aid to Towns for Public Health Nursing. A talk followed on Obstetrics in Relation to Public Health Nursing. In the afternoon Frederick L. Hoffman spoke on Some Aspects of Public Health Nursing. State Association officers are: President, Abby M. Gilbert, Middletown; vice presidents, Margaret Barrett, New Haven and Marion Wells, Waterbury; secretary, Mrs. Cora Conklin, East Haven; treasurer, Anne Richter, Bridgeport; directors, Margaret K. Stack, Martha J. Wilkinson, Tillie Schaack, Marcella Heavren, Mary Grace Hills, A. Elizabeth Bigelow.

Delaware: The fourteenth annual meeting of the DELAWARE STATE ASSOCIATION OF GRADUATE NURSES was held on Thursday afternoon, January 22, at the Red Cross Center, 911 Delaware Avenue, Wilmington. The meeting was followed by a dinner in the Club

Room of the Hotel Dupont, which was largely attended by the members and their guests. The speakers were, Rose M. Ehrenfeld from New York, a representative of the American Nurses' Association, who gave a very interesting talk on Nursing Activities; Professor James A. Barclay, a member of the High School Faculty of Wilmington, his topic being Current Events, and Reverend J. Francis Tucker, whose talk was both interesting and humorous. Officers elected for 1925 are: President, Mary A. Moran; vice presidents, Mrs. Helen T. Wischart, Mrs. Allen Speakman; secretary, Ione M. Ludwig, 1112 Shalkcross Avenue, Wilmington; treasurer, Eva Hayes; directors, Mary Cook and Marie T. Lockwood.

District of Columbia: Washington.—Mary M. Roberts, Editor of the *American Journal of Nursing*, addressed a joint meeting of the League of Nursing Education and the Graduate Nurses Association at the Nurses' Club on January 22. She used as her theme, The Spirit of Service, and gave an inspirational and helpful talk. Previous to this, the League held its regular monthly business meeting. A committee was appointed to arrange a series of lectures to be given on professional nursing questions to the graduating classes of the local schools of nursing. Elsie Maurer, who recently resigned the position of Director of the School of Nursing at Baylor Hospital, Dallas, Texas, is reorganizing the Homeopathic Hospital. THE CAPITAL CITY SCHOOL OF NURSING OF THE GALLINGER MUNICIPAL HOSPITAL organized an Alumnae Association, with the following officers: President, Katherine Andrews Kilgallen; vice president, Helen Mortimer Lyles; secretary, Edna V. Sargent; treasurer, Eugenia Payne. The regular monthly meetings will be held at Gallinger Hospital the first Thursday of each month at eight p. m. An interesting feature of the next meeting will be an address by Dr. D. Percy Hickling on Medical Jurisprudence.

Florida: Orlando.—At the January meeting of the CENTRAL FLORIDA REGISTERED NURSES' CLUB, the following officers were elected: President, Lavinia Fuller; vice president, Mrs. Mildred Baker; secretary-treasurer, Ida S. Grant. THE FLORIDA SANITARIUM has as its superintendent of nurses, Mrs. Elizabeth Chapman of California; as head nurse, La-

vinia Fuller; as operating room supervisor, Pearl Harrington.

Hawaii: At a recent meeting of the NURSES' ASSOCIATION OF THE TERRITORY OF HAWAII, it was voted to accept nurses from other associations by transfer, provided they are willing to become registered in the Territory of Hawaii.

Illinois: Chicago.—The fifth annual meeting of the CENTRAL COUNCIL FOR NURSING EDUCATION was held January 26, at the Woman's Athletic Club. Mrs. Chester C. Bolton of Cleveland was the principal speaker. Her subject, A Sympathetic Layman's Reflections upon Nursing Education was well chosen inasmuch as Mrs. Bolton has shown an unusual interest in nursing education both by personal service and by her generous endowment to the Western Reserve University School of Nursing. Mrs. Bolton showed clearly the Boards of Hospitals and lay people in general have been negligent of their opportunities to develop favorable educational facilities in the hospital itself, and also in the School of Nursing, and then have been loud in their denunciation of results achieved in the hospital and of the types of nurse graduated. Discussion followed by Doctor Buerki of the University of Wisconsin and Sara Place, President of the State Association. Laura R. Logan, President of the National League of Nursing Education, spoke of the program for the grading of schools of nursing and announced Mrs. Bolton's generous gift of \$15,000 for the first year and her promise to stand by the grading program until this work is completed. Evelyn Wood announced that the Illinois League of Nursing Education had arranged for a course in nursing during the first term of the Summer Quarter at the University of Chicago, and that Laura R. Logan, Dean of the Illinois Training School for Nurses had been appointed by the University to direct the summer course. Preceding the meeting, a luncheon was given in honor of Mrs. Bolton by the Executive Committee of the Central Council at the Chicago Nurses' Club. The guests were contributing members, leaders in education, members of Boards of Directors of organizations engaged in health and welfare work. THE FIRST DISTRICT will send a representative to Helsingfors, the delegate to be chosen from names submitted by the associa-

tions and individual members forming the District, and the expense shared by them. Margaret Mosiman, a graduate of the Presbyterian Hospital of Chicago School of Nursing, assumes the duties of assistant superintendent of nurses at Ravenswood Hospital, March 1. Miss Mosiman has been in charge of the obstetrical department of the Proctor Hospital of Peoria. Katharine Fribley and Violet Parker, graduates of Wesley Memorial Hospital, are at home on furlough after five years of missionary work in San Domingo. **Peoria.**—THE SEVENTH DISTRICT ASSOCIATION held its annual meeting and luncheon at the University Club, February 5. May Kennedy, Superintendent of the State School of Psychiatric Nursing, Chicago, was the principal speaker, taking as her subject, The Field in Psychiatry for Nurses. Officers were elected: President, Mrs. May Charlesworth Mowrey; vice presidents, Erma Rex Brown, Cecelia Knox; secretary, Irene Heschemong. The sum of \$60 was pledged toward the student in China supported by the nurses of Peoria. The April meeting of the District will be held with the St. Francis Alumnae. Miss Kennedy and several directors of nursing schools of the city were guests at dinner at the Methodist Hospital, after which Miss Kennedy spoke to seventy students from the nursing schools of the city. Svea Landh, graduate of Christ's Hospital, Cincinnati, has been appointed Superintendent of the J. C. Proctor Hospital.

Indiana: INDIANA UNIVERSITY has received a gift of \$250,000 from Mr. and Mrs. William H. Coleman of Indianapolis, in memory of their daughter, Suemima Coleman Atkins. The money will be used for the construction of a new woman's hospital to be used largely for obstetrical cases.

Iowa: Council Bluffs.—Ethel Martin has resigned her position at the Clinic to become record nurse at the Children's Hospital, Los Angeles. **Creston.**—THE NINTH DISTRICT held its annual meeting on January 10, in the Greater Community Hospital class room, when the following officers were elected: President, Myrre McClintic; vice presidents, Elfrida Erickson, Anne Thompson; secretary, Helen Fisher; treasurer, Sarah Miles Bond; directors, Elizabeth Gozar, Luella Kyle, Dorothy Kracker. The Creston members of the



PAGEANT GIVEN AT MAINE STATE MEETING

District were hostesses at a dinner following the meeting at the Iowana Hotel.

Kansas: Rosedale.—THE KANSAS UNIVERSITY TRAINING SCHOOL ALUMNAE ASSOCIATION OF THE BELL MEMORIAL HOSPITAL held its annual meeting on January 6, when the following officers were elected: President, Zoa Hall; vice presidents, Oma Beeson; Nena Bauerfind; secretary, Emily Main; treasurer, Lucile Stratton. Chairmen were appointed for the Program, Printing and Nominating Committees. A course of lectures in Parliamentary Law will be started at the next regular meeting of the Association.

Maine:—THE STATE OF MAINE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold an examination for applicants for registration, Wednesday and Thursday, April 15, 16, 1925, beginning at 9 a. m. at the State House, Augusta. Applications should be filed with the secretary, Rachel A. Metcalfe, Cen-

tral Main General Hospital, Lewiston, fifteen days previous to date of examination. At the annual meeting of the MAINE STATE NURSES' ASSOCIATION (reported last month) a group of living pictures was given, illustrating the history and development of nursing. The parts represented were: member of Augustine Sisterhood, Loretta Kilfoil; Sairey Gamp, Marion Jenness; Friederike Fliedner, Eleanor Campbell; Florence Nightingale, Mrs. Alice Hawes; Sister Rosa McCormick, Jane Prevost; Spanish War Nurse, Margaret Dearnness; modern nurses of Japan, China, U. S. Army, Public Health, Red Cross, Marion R. Libby, Mrs. Lou S. Horne, Amber Mills, Katherine Quinn, Mina Booker. The last picture was that of the modern Private Duty nurse whom we all take too much for granted and our would-be professional friend, Sairey Gamp, showing evolution on record for a period of 250 years. **Portland.**—THE WESTERN DISTRICT ASSOCIA-

tion held its annual meeting at the Lafayette Hotel, January 21. The following officers were elected for 1925: President, Mrs. Jane Prévost; vice presidents, Mary E. Shean, Mina M. Boober; secretary, Helen M. Lewis; treasurer, Bessie M. Doughty; directors, Mrs. Carolyn M. Mace, Alice M. Lord. The business meeting was followed by a dinner and reception to the Senior classes of the training schools of the affiliating alumnae associations. THE ALUMNAE ASSOCIATION, MAINE GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES' held its annual meeting at the Nurses' Home, January 7, with a good attendance. Reports of officers and committees were given, which showed a gratifying improvement over the work of the previous years. The following officers were elected for the coming year: President Agnes M. Nelson; vice presidents, Martha A. Fagan, Marian R. Jenness; secretary, Mina M. Boober; treasurer, Mabel Blanchard; auditor, Edna M. Libbey; manager of registry, Edith L. Soule. The Association held a meeting on February 4, at which there was a record attendance. The secretary's report for the previous year depicted the growth of the Association in all its departments, but chiefly the registry. Following the business meeting, the members presented a wrist watch to Margaret Dearnness, who gives up her position as Superintendent of the School on March 1. It was a token of appreciation of the nine years of immeasurable and tireless service rendered by her to the School.

Maryland: The twenty-second annual meeting of the MARYLAND STATE NURSES' ASSOCIATION was held in Baltimore in joint session with the Maryland State League of Nursing Education and the Maryland State Public Health Nurses' Association, January 27, 28, 29, 1925. An Institute was held in connection with the annual meeting which was well attended and highly appreciated in spite of the inclement weather that made transportation difficult. The morning sessions on Tuesday and Wednesday, held in Osler Hall, were primarily for the members of the Nursing League. Members were privileged in having with them Isabel M. Stewart, Teachers College, Columbia University, who spoke on the Principles of Teaching and who made many helpful suggestions and brought fresh

inspiration to all who were able to be present. They were also fortunate on Tuesday morning in having Mrs. Alice Bell Piggott, originator of the Bell system of Training School records, as one of the speakers and her many friends gave her a hearty welcome. On Wednesday and Thursday, at 9:30 a. m., practical demonstrations were held at the University and at the Johns Hopkins Hospital and these proved so popular that the class rooms were too small to accommodate the number that attended, so the amphitheatres of the hospital were used. These demonstrations were held under the supervision of the instructors in these Schools of Nursing and the members are indebted to Miss Savage and Miss Kolb for such a valuable contribution toward the success of the Institute. The social features of the meeting began with tea at the Merry Hospital on Tuesday afternoon presided over by Sister Beatrice; dinner at six that same evening at the Hospital for the Women of Maryland was given to a small group of representative nurses in honor of Major Julia C. Stimson, who spoke later in Osler Hall; lunch on Wednesday at the Church Home, with Isabel M. Stewart as the guest of honor; tea on Wednesday at the Instructive Visiting Nurses' Association with Miss Walker and her able corps of assistants as hostesses; and the Annual Supper at St. Joseph's Hospital on Thursday evening presided over by Miss Branley and the Sisters of St. Joseph's Hospital was most enjoyable. These opportunities for the nurses to meet in a social way mean much toward increasing the coöperation between the members of the various alumnae associations. Several hospitals opened their different Clinics and lectures to the members on the three afternoons of the Institute. The Baltimore Health Department contributed a helpful talk on school work, a demonstration at the Schick Clinic and an opportunity to visit the New Sydenham Hospital recently opened for the care of Communicable Diseases. The automobiles used by the Health Department nurses carried the members to the various Clinics and demonstrations. On Thursday afternoon, between 40 and 50 nurses braved the weather which was the worst Baltimore has had for some years and attended a demonstration of nursing procedures in mental cases at the Sheppard-Enoch Pratt

Hospital at Towson, Md. This demonstration was given under the direct supervision of Helen Pease and all the members who had the privilege of attending found it most helpful and instructive. On Tuesday evening, a large and representative audience of nurses from all over the State met in Osler Hall and had the honor and pleasure of having as the speaker of the evening Major Julia C. Stimson, Dean of the Army School of Nursing. Major Stimson spoke especially to the members of the alumnae associations and gave them many new ideas of their opportunities and responsibilities toward the pupil nurses in the various Schools of Nursing. Dr. Allen W. Freeman, Director of the Johns Hopkins School of Hygiene, was the speaker on Wednesday evening; a large audience was in attendance. Doctor Freeman spoke on the very great opportunity afforded the nurse in Public Health work. After pointing out the great responsibilities that nurses have to meet in this particular field of service, he said that they were admirably fulfilling these duties. On Thursday evening, Dr. Katharine J. Gallagher, Professor of History, Goucher College, was the speaker at the closing meeting in Osler Hall and the nurses gave her the usual hearty welcome that is afforded Doctor Gallagher whenever she speaks before a group of women in Baltimore. On Tuesday and Wednesday evenings, over one hundred pupil nurses, in uniform, led the Community singing under the able leadership of Agnes Zimmisch from the Peabody Conservatory of Music. The spirit of coöperation that was displayed by the response to the call for those who would help with this part of the program means much not only to the State Association of today but for the future. The business session of the State Nurses' Association was held on Thursday and a goodly number attended. Miss Lawler presided. The report of the Secretary showed that 1,187 held Alumnae Association membership, and 55 held individual membership making a total of 1,242 members. Reports of the standing committees were read by the several chairmen. Report of the State Board of Examiners was made by the President, Helen C. Bartlett. Report of the Central Directory of Registered Nurses, Inc., was read by Jane E. Nash, President. It was decided that Maryland should apply for membership in the section of the

American Nurses' Association known as the Mid-Atlantic Section. The business session of the Maryland State League of Nursing Education was held that same day. At the close of the evening session on Thursday the tellers announced the following as officers for 1925: Maryland State Nurses' Association—President, Elsie M. Lawler; vice presidents, Jane E. Nash and Charlotte M. Snow; secretary, Sarah F. Martin; treasurer, Louise Savage; to serve for 3 years on the Board of Directors, Elizabeth Moore and Alice Lloyd Winder. Maryland State League of Nursing Education—President, Annie Creighton; vice president, Mrs. William S. Bridges; secretary, Edna S. Calvert; treasurer, Louise Savage; members of the Board, Mary C. Packard, Jane E. Nash and Loula E. Kennedy. Baltimore.—THE UNIVERSITY OF MARYLAND ALUMNAE held their annual meeting and election of officers on January 6. The following were elected: President, Lillian K. McDaniel; vice president, Helen S. Teeple; secretary, Marie E. Sander; treasurer, Ellen C. Israel. This Association had charge of the booth for the sale of tuberculosis seals, representing the nurses' associations of the city. The sum of \$118.57 was cleared.

Massachusetts: THE BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration on Tuesday and Wednesday, April 14 and 15. Application must be made by April 1. Chas. E. Prior, Secretary, State House, Boston. THE MASSACHUSETTS STATE LEAGUE OF NURSING EDUCATION will hold an Institute, March 5, 6 and 7, 1925. Dr. Bancroft Beatley, Assistant Professor of Education, Harvard University, will speak on Thursday and Friday mornings on the subject of Principles of Teaching. Bertha Harmer of the Yale School of Nursing will speak on Saturday morning on Records in Schools of Nursing. The program will also include: Affiliations, Ellen C. Daly, Superintendent Training School, Boston City Hospital; How Can the Standard Curriculum as Issued by the Massachusetts State Board of Nurse Examiners Be Taught in the Small Schools? Bertha W. Allen, Superintendent Newton Hospital; Class Schedules, Marion Parsons, Instructor in Theory, Boston City Hospital, Training School for Nurses. The February meeting of the MASSACHUSETTS STATE NURSES' ASSOCIATION is to be omitted this year.

Arlington Heights.—The annual meeting of the ARLINGTON NURSES' ALUMNAE was held at Hambury Hall, on January 6. The following officers were elected for the ensuing year: President, Bernice L. Wiggins; vice president, Florence T. McCormack; secretary, Isabelle B. Hamblin; treasurer, Evadne S. Berghund. Four directors, a relief committee and a nominating committee were elected. The business meeting was followed by music, dancing and refreshments. **New Bedford.**—ST LUKE'S ALUMNAE held their annual meeting and banquet at Aunt Polly's Restaurant on January 5, with a good attendance. Officers elected are: President, Mrs. Roby Burt; vice president, Mabel O'Brien; secretary, Mary Witha; assistant secretary, Mary Bayne; treasurer, Mrs. Pemberton Nye. The Association met on February 2, at the White Dome. Committees on Program, Flowers, and Nominating were appointed, three members on each. A board of directors was appointed for the registry which is to be transferred from St. Luke's Hospital to the Doctors' Central Directory, some time in March. The chairman of this committee is the President, Mrs. Roby Burt. After the business meeting the members were joined by faculty, student nurses and graduates of other schools to hear Dr. Curtis Tripp speak of the Doctors' Central Directory and Nurses' Registry. A social hour followed. **Northampton.**—THE SENIOR STUDENTS AT THE COOLEY-DICKENSON HOSPITAL have formed a "Junior Alumnae" to prepare them for more useful participation in Alumnae work after graduation. The arrangement is something like that of a woman's club where every member takes part in each meeting. **Plymouth.**—THE ALUMNAE ASSOCIATION OF THE JORDAN HOSPITAL has been made a member of the State Association and through that of the American Nurses' Association. The members are interested in the coming International meeting in Finland. The hospital, though small, gives a well rounded course and graduates are eligible for enrollment as American Red Cross nurses. **Westborough.**—The fourth annual meeting of the WESTBOROUGH STATE HOSPITAL NURSES' ALUMNAE ASSOCIATION was held on January 28 at the Hart Hospital, Roxbury. The election of officers was as follows: Bertha Hart Burt, President; Annie L. Taylor, vice president; S. Ellen de Almeida, secretary;

Sarah McDonald, treasurer. Following the meeting, an excellent record for the first year of the Westborough State Hospital Nurses' Benefit Association was read, reporting \$27.81 in the treasury. A committee of ten was appointed to further increase this fund by a food sale and dance at the May meeting.

Michigan: THE MICHIGAN LEAGUE OF NURSING EDUCATION held its annual meeting in Grand Rapids, in January, when the following officers were elected: President, Alice Lake, University Hospital, Ann Arbor; vice president, Mrs. Louise E. Feist, Children's Hospital, Detroit; secretary, Helen M. Pollock, Hurley Hospital, Flint; treasurer, Elizabeth Watson, Blodgett Hospital, Grand Rapids; directors for one year, Fantine Pemberton, Fairmount Hospital, Kalamazoo, and Mary Welsh, Blodgett Hospital, Grand Rapids; director for two years, Mrs. Lystra E. Gretter, Detroit. THE MICHIGAN BOARD OF REGISTRATION OF NURSES AND TRAINED ATTENDANTS will hold an examination for graduate nurses and trained attendants in Lansing, Michigan, March 11 and 12, 1925.—Helen deSpelder Moore, Secretary. **Battle Creek.**—At a recent meeting, the BATTLE CREEK SANITARIUM AND HOSPITAL SCHOOL OF NURSING ALUMNAE ASSOCIATION elected its officers for the coming year: President, Jessie Midgley; vice president, Nina Merritt; corresponding secretary, Louise Gliem; recording secretary, Ruth Tappan; treasurer, Mrs. Effie Tyrel. **Calumet.**—The regular meeting of the THIRTEENTH DISTRICT ASSOCIATION was held at the Laurium Tea room, on January 10. There was a large attendance, and the meeting was a very enjoyable one. Splendid talks were given by Mrs. Helen deSpelder Moore, of Lansing, and Miss Watson, of Lake Linden. The hostesses for the afternoon were Mrs. Paul Schenk and Misses Eleanor Olson and Davene MacLay. Davene MacLay, class of 1919, Calumet and Hecla Hospital Training School, and Petronella Miller, class of 1924, Blodgett Hospital, Grand Rapids, have accepted positions at the Calumet and Hecla Hospital.

Minnesota: THE MINNESOTA STATE BOARD OF EXAMINERS OF NURSES will hold an examination on April 30, May 1 and 2, instead of on the dates previously announced. The examination will be held at the New State Capitol, St. Paul; St. Mary's Hos-

pital, Rochester; and at the Administration Building, Department of Education, 220 North First Avenue East, Duluth. Applications should be in the hands of the Secretary at least two weeks before the date set for the examination. THE STATE LEAGUE OF NURSING EDUCATION met in Minneapolis on February 7, the nurses at the University Hospital were the hostesses. Doctor Hartzell of the University talked on Oral Hygiene. The subject was discussed and emphasized by those present and proved to be one in which all were interested. Following the meeting the nurses adjourned to the Nurses' Home, where tea was served. Faribault.—THE ALUMNAE ASSOCIATION OF ST. LUCAS DEACONESS HOSPITAL held its regular meeting February 3 at the Nurses' Home. Two new members were accepted. The motion was made and approved that the Alumnae Association contribute \$5 to the Nurses' Relief Fund (A. N. A.). Rose Pantz has accepted the position as office nurse at the Training School. Minneapolis.—THE INFANT WELFARE AND VISITING NURSE ASSOCIATION entertained at the Third District meeting, January 14. The executives took this opportunity to explain their organizations and the social organizations with which they cooperate; the guests were invited to inspect the buildings. Helen D. Stevens, supervisor of instruction, Visiting Nurse Association; has accepted a position as assistant superintendent of the Pittsburgh Visiting Nurse Association. Josephine Dumas (Minneapolis General) has been added to the staff of workers at the Nurses' Central Registry. The Abbott Alumnae were entertained at the January meeting by three of their members with a talk on Buddhism by Rajah Habimdrath Lemma. The Alumnae have raised over \$100 toward the fund for the nurses' home by selling tickets for an entertainment at the Lyceum. THE ALUMNAE ASSOCIATION OF THE NORTHWESTERN HOSPITAL has elected the following officers for the year 1925: President, Helen Grant; vice president, Margaret M. Jacobi; secretary, Lola M. DeWalt; treasurer, Helen Goss. The February meeting was held at the Harriet T. Walker Home for Nurses on the 3rd. After the usual routine business meeting, the twelve hour duty question was discussed. A social hour was enjoyed by the large attendance. At the annual meeting of

the MINNEAPOLIS GENERAL HOSPITAL ALUMNAE ASSOCIATION the following officers were elected: President, Mrs. Ida Hummel; secretary, Emma Arntson; treasurer, Katherine Dougherty. Red Wing.—St. John's Alumnae held social meetings at the homes of married members, alternating with business meetings held at the hospital. A successful venture was the Waffle Lunch and Dollar Day held recently. The proceeds have taken concrete form in the shape of a Victrola in the Nurses' Home; \$10 was contributed to the German Relief Fund; \$10 to destitute widows; and \$5 to the Y. W. C. A. St. Paul.—The annual banquet and business meeting of the WEST SIDE GENERAL HOSPITAL were held at the Ryan Hotel on January 7. Sixteen members were present. Five dollars was contributed to the Nurses' Relief Fund and officers were elected as follows: President, Lilah Nehring; secretary, Hildegard Radtke; treasurer, Vera Unger. Mahala Rohrer is now Superintendent of Nurses at the West Side Hospital. The annual meeting of the ST. PAUL HOSPITAL ALUMNAE ASSOCIATION was held at the Nurses' Dormitory, January 31. The following officers were elected: President, Olga Larson; secretary, Pearl Blomquist; treasurer, Myrtle Thompson. The Institutional Section was entertained at the Nurses' Home January 26. Fifty-five members were present. Dr. Geo. Earl gave a very interesting talk on his trip to Central and South America, also showing some interesting slides. Pearl Blomquist succeeded Melda Korphage as historian at the hospital. Nina Onstad, class of 1924, is in charge of Spring Grove Hospital, Spring Grove, Minn. Dagny Offerdahl, class of 1923, recently accepted a position as obstetrical supervisor at St. Luke's Hospital, Davenport, Iowa. Winona.—THE WINONA GENERAL HOSPITAL held graduating exercises for a class of nine on February 17 in St. Paul's Parish House. The address was given by Rev. Wm. A. Lee. The diplomas were presented by Dr. D. B. Pritchard. A reception followed the exercises.

Missouri: St. Louis.—THE THIRD DISTRICT ASSOCIATION held its annual meeting, January 19. Among the various reports read, the most interesting was that of the Club House Committee. With funds derived from room rent, contributions from members, and

the sale of bonds, almost half the purchase price of the building has been paid during the past year. Officers elected are: President, Augusta K. Matthieu; vice presidents, Ruth Cobb, Mary E. Stephenson; financial secretary, Mabel Grey. A social hour followed. THE WASHINGTON UNIVERSITY NURSES' ALUMNAE ASSOCIATION held its annual meeting on February 2, and elected the following: President, Miss Stevenson; vice president, Miss Hornback; corresponding secretary, Miss Jenkins; recording secretary, Miss Bateman; treasurer, Miss Holt.

Nebraska: Omaha.—DISTRICT No. 2 held its annual meeting on January 23, at The Hotel Fontenelle, a luncheon was attended by about fifty members of the association, after which the business session was held and a musical program was given. The members decided to aid in financing a delegate to the International Council of Nurses to be held in Finland in July. Laura R. Logan gave a very interesting talk on the place of the nurse in the community, also some very good suggestions on other topics under discussion. Dr. Rodney Bliss brought out some interesting points on the subject of the Physician and Nurse as Co-workers. Officers elected were: President, Florence McCabe; vice presidents, Leeta Holdrege and Myra Tucker; secretary, Mrs. Ethel Johnson Findley; treasurer, Amanda Olson Schollman; director, Pearl W. Larson.

New Jersey: The annual meeting of the New Jersey State Nurses' Association will be held in Trenton, April 3. This will be a joint meeting with the League for Nursing Education and the New Jersey State Organization for Public Health Nursing. Passaic.—THE annual meeting of the PASSAIC GENERAL HOSPITAL ALUMNAE ASSOCIATION was held February 4. The following officers were elected: President, Mrs. Ethel Pearl; vice president, Mrs. Hazel Paulison; secretary, Mrs. Alice Ward; treasurer, Ruth Smith.

New Mexico: THE NEW MEXICO STATE NURSES' ASSOCIATION will hold its annual meeting in Albuquerque, some time in April.

New York: Brooklyn. — THE NURSES' ALUMNAE OF THE WYCKOFF HEIGHTS HOSPITAL celebrated the twenty-fifth anniversary of the organization of their School of Nursing with a dinner at the Hotel Pennsylvania on January 14. Among the guests and speakers of

the evening were Rev. Dr. John Heischman; Russell S. Fowler, M.D., Chief of Staff, who has been connected with the Wyckoff Heights Hospital since its incorporation, John Welz, president of the Board of Directors, and Louis Burger, Superintendent of the Hospital. The dinner was well attended. Former graduates now living in various parts of the country made special efforts to be present, and the occasion afforded a splendid opportunity for reunion of the different classes. Buffalo.—WESTERN NEW YORK DISTRICT No. 1 held its monthly meeting at the Lafayette Community House, January 21. The business was followed by an entertainment given by members from the senior classes of nine of the schools of nursing within the District,—music, reading, a play and a minstrel show,—all exceptionally good. At the February meeting, an address was given by Chancellor Samuel Capen of the University of Buffalo. The members are planning to give a card party at the Hotel Statler during the week following Easter. Elmira.—THE ARNOT-ODGEN MEMORIAL HOSPITAL held its thirty-sixth annual commencement exercises at the Nurses' Home, on January 23, for a class of sixteen. Professor Charles Durham of Cornell gave a very interesting address. January 30th was "Stepping-up Day" for the Probation Class. At this time twenty-two young women received their uniforms and caps and were received into the school. The Alumnae Association of the Hospital entertained the graduating class at a dinner dance at the Country Club, January 22. The Senior class enjoyed a banquet the evening of January 17 at the Bon Ton Tea Room. New York.—Emma Benz, graduate of the New York Hospital nursing school, has been decorated by the Serbian Red Cross, the honor coming in recognition of her work among the Serbian students brought over by Dr. Rosalie Schuyler Morton. THE ALUMNAE ASSOCIATION OF THE FRENCH HOSPITAL held its annual meeting in the Nurses' Home recently. Reports of the Sick Nurses' Fund and the Endowed Bed Fund were given. Officers elected are: President, L. E. Townsend; vice president, E. V. Phillips; corresponding secretary, C. Reddy; recording secretary, Edna R. Meloy; treasurer, D. R. Morpher, also five trustees. A Registry Committee of three was formed. A social hour followed. Edith B. Hurley, Director of

the Morningside Center of the Henry Street Nursing Service, has accepted the position of Professor of Public Health Nursing at the University of Montreal. The courses in Public Health Nursing for graduate nurses, as are all courses in the University, will be in French. A Health Demonstration along the lines of the East Harlem Demonstration will be conducted under the same auspices as the course and will make possible an excellent correlation of theory and practice. The Provincial Government, the City Health Department, the Anti-Tuberculosis Association, and the Metropolitan Life Insurance Company are coöperating with the University and it is expected that a school of nursing may ultimately be developed. The regular monthly meeting of the NEW YORK INDUSTRIAL NURSES' CLUB was held on January 8. Dr. S. W. Wynne, Acting Medical Director of the Hospitals of the Department of Health, read a paper. **Rochester.**—THE GENESEE VALLEY NURSES' ASSOCIATION held its January meeting at the Highland Hospital, with the Public Health nurses as hostesses. A delightful playlet was given, Mrs. Storey Gets a Lesson in How To Care for Scarlet Fever. THE ROCHESTER GENERAL HOSPITAL ALUMNAE at their annual meeting elected the following officers: President, Madeline Hickey; vice presidents, Lucy Bayley, Olive Weld Mattle; secretary, Rose Webber; treasurer, Bessie Nelson. Committees were appointed on Scholarship, Program, Relief and Nominating.

North Carolina: Asheville.—DISTRICT 1 held its annual meeting in January, with 120 names on the roll. Fannie V. Andrews was elected President and Sarah Spencer, secretary. The various reports were very encouraging, showing a marked improvement in the activities of the society, especially along philanthropic lines. Christmas boxes were sent to fifteen invalid nurses. One nurse who has been ill some time was given a substantial cheque, and the nurses and some of the medical staff of the Merriwether Hospital gave and installed a radio set for her. The pioneer graduate of the state, Adeline Orr, makes her home in this District; her diploma is dated 1889. Mary Rose Batterham, the first registered nurse of America, is also a resident. An effort is being made to interest nurses in forming a chapter of the Guild of St. Barnabas. Rev.

Father Loddell, of Oteen, has been appointed Chaplain, several meetings have been held in different sections and a number of nurses are interested. The past year has been a very dull one for nurses and a number have left for other fields.

North Dakota: The next examination of the NORTH DAKOTA STATE BOARD OF NURSE EXAMINERS will be held at Bismarck, April 30 and May 1, 1925. For further information address Ethel S. Miles, 703 Fourth Street, S., Fargo, N. D.

Ohio: THE GRADUATE NURSES' ASSOCIATION at its convention in 1924 voted to adopt a pin. The pin is now ready; it is of gold and enamel, bearing the words, Registered Nurse, Ohio. The price will be \$2.75. The name of the owner with her registration number will be placed on the back. Pins are to be ordered from the State Headquarters' Office, 215 Hartman Theatre Building, Columbus. The FLORENCE NIGHTINGALE FOUNDATION FUND OF OHIO has reached the sum of \$4,500, and is to be used as a loan scholarship fund for graduates of Ohio schools of nursing who wish to prepare for teaching and executive positions. Two scholarships have been given from the fund. The Nursing Division of the State Department of Health and the School of Applied Science of Western Reserve University, through the Public Health Nursing Course, entered upon a new venture February 1 with closer coöperation and efficiency as its goal. Catherine Forrest assumed the duties of an Instructor in the Course in Public Health Nursing and Eleanor Gillespie became an Instruction Nurse of the Nursing Division for the period of the current semester. The plan was worked out by V. Lota Lorimer, Director of the Department of Health Nursing for the State Department of Health. The development of this idea is not entirely without precedent in educational circles, an exchange professorship being the custom in some schools, but so far as we know this is the first attempt of this kind to correlate more closely the work of the school in Public Health Nursing and the work of those in the field. **Cincinnati.**—DISTRICT 8 held its January meeting at Longview Hospital. Dr. Wm. McIntyre gave a most instructive talk, after which a social hour was enjoyed. Miss Folger, nurse in charge, took the guests on a tour of inspection through the new hos-

pital. **THE PUBLIC HEALTH SECTION OF DISTRICT 8** had a luncheon meeting on February 5, when Elizabeth Dooley, chief nurse of District 7, Veterans Bureau, gave an interesting talk about the work in the Veterans Bureau. **THE ALUMNAE ASSOCIATION OF THE JEWISH HOSPITAL** held its February meeting in the Nurses' Hall, with Miss Buckley and Mrs. Bohanan as hostesses. Plans were made for the card party to be given on the 16th. **Cleveland.** — **CHARITY HOSPITAL ALUMNAE** have elected the following officers for 1925: President, Anna Mac Brannon; vice presidents, Elizabeth Quinn, Florence Teares Brady; recording secretary, Kathryn Emslie; corresponding secretary, Jeannette Foche; treasurer, Rose Deighan White. **THE ALUMNAE OF ST. LUKE'S HOSPITAL SCHOOL OF NURSING** held a reception and tea at the Cleveland Nursing Center on January 21, in honor of Ellen McIntyre, who took charge of the School of Nursing in September. **Columbus.** — Jane Tuttle's annual report to the Columbus District Nursing Association was presented under the heading, Nurses' Revue of 1924, when staff workers gave a dramatic presentation of their daily activities. Fifteen thousand more visits by nurses in 1924 than in 1923 accounted for reports of a lower death rate and fewer cases of preventable disease. Delivery by district nurses of 4,997 birth certificates to homes induced many mothers of new babies to visit the dispensary and weighing stations, thus resulting in "better babies."

Oklahoma: A BULLETIN is being published by the State Association, with the cooperation of the other state organizations and the Districts. At present it is called, Nurses Anonymous. A name will be chosen from suggestions made by members. The Bulletin published in February contains the text of the amendments to the State Nurses' Bill which it is hoped to have passed during the present session of the Legislature.

Oregon: Portland. — **THE OREGON REGISTERED NURSES' STUDY CLUB** held its opening reception at the Multnomah Hotel, January 19. Edmund S. Conklin, Ph.D., spoke on Psychology. A social hour followed. The nurses' alumnae associations gave a successful dance on January 31. **THE AMERICAN COLLEGE OF SURGEONS**, the Oregon, Washington and British Columbia Section, held a community health

meeting at the Public Auditorium on January 26. Graduates and students attended in uniform. Frances V. Brink, Field Secretary for the National Organization for Public Health Nursing, gave a talk on Branch Organization at the Visiting Nurse Association, January 26.

Pennsylvania: Ashland. — **THE ASHLAND STATE HOSPITAL ALUMNAE ASSOCIATION** has reorganized its Association and elected the following officers: President, Mrs. Henrietta Seitzinger Groff; vice president, Nellie Weaver; secretary, Margaret Meredith; treasurer, Edna Jenkins. The next meeting will be held in March. **Bloomsburg.** — **THE BLOOMSBURG HOSPITAL ALUMNI ASSOCIATION** held its annual meeting in the directors' room of the hospital on January 14, electing: President, North Leidy; vice president, Katherine C. Farver; secretary, Mary Everett; treasurer, Burleigh Fetterman. **Harrisburg.** — **THE FOURTH DISTRICT ASSOCIATION** held its annual meeting at the Harrisburg Hospital Nurses' Home on January 17. The following officers were elected: President, Pauline Smyser, York; vice presidents, Lulu Hipple, Williamsport, and Frankford Lewis, Harrisburg; secretary, Alice M. Morse, Harrisburg; treasurer, Charlotte Mellen, Chambersburg; directors, Katharine Mayer, Williamsport, and Mrs. Katherine Appel, York. Anna VanKirk, a missionary nurse who has just returned from three years in Japan, spoke on nursing in Japan. **Lancaster.** — **THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL** held its annual meeting on January 5, in the board room of the hospital. The reports of the committees of the year just past were given and the officers of the coming year installed: President, E. Blanche Seyfert; vice presidents, Minnie F. Ebbenshade and Mrs. Myrtle Witmer Ursprung; secretary, Maude Brodbeck; assistant secretary, Mrs. Helen Waters Harner; treasurer, Levinia Hovonac. **Philadelphia.** — **THE PRESBYTERIAN HOSPITAL ALUMNAE** held a meeting on January 14 in the lecture room of the new dispensary building. A reception to the class of 1925 followed. Dr. J. M. Thorington showed pictures taken while on a trip to the Canadian Rockies. A social hour followed with music and dancing. **THE ALUMNAE ASSOCIATION OF THE PROTESTANT EPISCOPAL HOSPITAL** has elected the following

officers for the year, 1925: President, Mrs. N. F. W. Crossland; vice presidents, Mrs. Nellie Pennock, Mrs. Ethel Griffith; secretary, Mrs. Agnes Kelly; treasurer, Amelia S. Diller. **St. Luke's ALUMNAE** held their annual meeting on January 27. Although it was a stormy night, there was a fair attendance, and one new member was accepted. A social hour followed the business session. To mark her tenth anniversary as Superintendent of Nurses of the **PHILADELPHIA GENERAL HOSPITAL**, the Director and the Women's Advisory Council of the Department of Public Health of Philadelphia gave a reception to S. Lillian Clayton on January 2. Although it was a very stormy afternoon, a large number of people came to honor Miss Clayton. Each class in the school, as well as the Graduate Nurses' Association and the Alumnae Association had sent flowers and the Advisory Council presented Miss Clayton with a traveling clock. It was so arranged that the entire nursing staff was present for at least a few minutes. Miss Clayton is not only Superintendent of the Philadelphia General Hospital, but is Director of Nursing in the Bureau of Hospitals, Department of Public Health of Philadelphia. **THE ALUMNAE ASSOCIATION OF THE TRAINING SCHOOL FOR NURSES OF THE PHILADELPHIA GENERAL HOSPITAL** held a meeting on February 2, when tickets were distributed for a theatre benefit, the proceeds of which are to be used to replenish the Scholarship Fund. Any excess will be added to a fund being established for an endowed room for alumnae members in the new hospital. After the business meeting, Ann J. Haines gave a most interesting illustrated talk on former health conditions in Russia and spoke of the hope for future public health work in that country. **Pittsburgh.** — At the February meeting of the **NURSES' ALUMNAE ASSOCIATION OF THE ALLEGHENY GENERAL HOSPITAL**, held at the Hospital, many helpful suggestions were given by the president, from the Advisory Council of the Sixth District Association. The marked interest shown in the discussions by all members present encouraged the officers to feel an interesting and helpful year is in store.

Rhode Island: **THE RHODE ISLAND LEAGUE OF NURSING EDUCATION** held its annual meeting at the Nurses' Home of the Rhode Island Hospital on January 28. Reports for the year were given and new by-laws were adopted.

The principal address was given by Blanche Pfefferkorn of New York, Executive Secretary of the National League. Officers elected are: President, Sarah C. Barry; vice presidents, Anna C. MacGibbon, Evelyn C. Mulrennan; recording secretary, Elizabeth F. Sherman; corresponding secretary, Mary E. Corcoran; treasurer, Margaret I. Love; directors, Mary S. Gardner, Jane MacLauren. A social hour followed the meeting. **THE RHODE ISLAND STATE NURSES' ASSOCIATION** held its annual meeting at the Medical Library, Providence, January 29. After the transaction of business, Rose M. Ehrenfeld spoke on Activities of the American Nurses' Association. Officers are: President, Ellen M. Selby, Pawtucket; vice presidents, Winifred L. Fitzpatrick, Ada G. Ayers; recording secretary, Anne K. McGibbon; corresponding secretary, Edith Barnard; assistant corresponding secretary, Mary E. O'Donnell; treasurer, Eleanor I. Jones; directors, Lucy C. Ayers, Annie M. Early, Edwina Porter. A social hour followed the meeting. **THE RHODE ISLAND STATE ORGANIZATION FOR PUBLIC HEALTH NURSING** held its annual meeting on February 19, at the Medical Library, Providence, beginning with two round tables, one, the Lay Members' Section; the other, Report of Committee to Study Visiting Nursing. After the business meeting the subject, What My Course In Public Health Nursing Has Meant, was discussed by Mary I. McCarthy, Mary M. Richardson and Mrs. Anna Castle. **Pawtucket.**—**THE ALUMNAE OF THE MEMORIAL HOSPITAL** held their third annual dance at the Plantations Club, Providence, January 15. **Providence.**—**THE RHODE ISLAND HOSPITAL NURSES' ALUMNAE ASSOCIATION** held its annual meeting on January 27, followed by a dinner at the Turks Head Club with an attendance of 142 members and guests, among the latter being Blanche Pfefferkorn, Executive Secretary of the National League. During the evening, Mrs. William H. Covell, Jr., chairman of the Scholarship Fund, announced the completion of the five thousand dollar fund.

Tennessee: Memphis.—**St. JOSEPH'S HOSPITAL ALUMNAE** held its annual meeting on December 9, electing officers for 1925: President, E. Richardson; secretary-treasurer, A. Somell.

Utah: Salt Lake City.—The Latter

Day Saints Hospital Training School was incomplete without Pediatric Service, until affiliation was applied for, which was established February 1, with the Children's Hospital at Denver, Colorado. Six nurses are affiliating there at the present time. Affiliation in Contagious Diseases with the Salt Lake County Hospital was established November 13. The Junior Promenade was given February 13, in the Hotel Utah Ball Room.

Wisconsin: THE WISCONSIN STATE NURSES' ASSOCIATION, in connection with its membership campaign, is awarding to the district making the greatest percentage gain in membership, a gavel. This will be a yearly event and the name of the successful district will be engraved on the gavel each year. Cornelia Van Kooy will represent the State at the International Convention at Helsingfors, Finland. Cecilia A. Evans is serving as Acting Director of the Bureau of Public Health Nursing. **Racine.**—THE FIRST DISTRICT held its bi-monthly meeting at the nurses' home of St. Luke's Hospital, January 6, Dorothy Campbell, a student nurse at St. Luke's, gave a splendid talk on The Origin and Function of the National League of Nursing Education and How the Functions Overlap those of the American Nurses' Association. Beatrice Evans, representing the Kenosha Hospital, followed with a talk on the Origin of the American Nurses' Association and How the Functions Overlap Those of the National League of Nursing Education. Following the business meeting, a musical program was given by several pupils of the School for Nurses and a luncheon was served. **Kenosha.**—THE KENOSHA HOSPITAL ALUMNAE have elected as officers: President, Mrs. Fry; secretary, Mrs. Lippert; treasurer, Lois Pedley. **Janesville.**—THE SECOND DISTRICT held its quarterly meeting at the Mercy Hospital on January 31. Twenty members were present. The president, Levina Dietrichson, urged generous contribution to the Nurses' Relief Fund. **Milwaukee.**—THE FOURTH AND FIFTH DISTRICT held its monthly meeting the second Tuesday in January. Doctor Muckerjee from Persia gave an intensely interesting address on Mental Suggestion and his experiences in several parts of the Far East. **THE WISCONSIN NURSES' CLUB AND DIRECTORY** at its annual meeting elected the following officers: President, Mary Rey-

nolds; secretary, Loretta Franks; treasurer, Matilda Wolf. **St. Joseph's ALUMNAE** elected: President, Anne Lade; secretary, Theresa Schneider; treasurer, Cornelia Van Kooy. **THE COUNTY HOSPITAL ALUMNAE** elected: President, Mrs. Henry Weber; secretary, Jessie MacDonald; treasurer, Estella Brockel. **Oshkosh.**—THE SIXTH DISTRICT met at the Oshkosh Business Women's Club, January 22. A luncheon was served which was followed by the business meeting. Adda Eldredge, president of the American Nurses' Association, spoke at length and urged the graduate nurse to take a postgraduate course every once in a while to keep herself posted on new ideas and technic; she gave a summarized report of the work done in the Wisconsin Bureau of Nursing Education during the past year. Dr. E. F. Bickel gave a talk on the advantages of private duty nursing. The Private Duty Section had charge of the meeting which was a decided success. Fifty members attended the luncheon and seventy-five the meeting. **MERCY LAKESIDE HOSPITAL** has elected as officers: President, Rose Fellie; secretary, Mrs. C. Lindsey Gabbert; treasurer, Mrs. S. Kalbus Montgomery. **La Crosse.**—THE SEVENTH DISTRICT met at the Grandview Nurses' Home, January 7. Mrs. Gertrude Hasbunch of the State Board of Health gave an interesting and instructive demonstration and talk on Infant Hygiene. Forty-five members were present. **Wausau.**—THE EIGHTH DISTRICT met at the Wausau Memorial Hospital, January 20. S. B. Tobey, Superintendent of Wausau Schools, spoke on the School Nurses and the Community. Brayton E. Smith gave an address on The Value of Organization. Helen Joch, of Merrill, was elected secretary to fill the office of Mary Wenner, who has accepted a position as obstetrical supervisor in Kansas. In appreciation of the service Miss Wenner has rendered the Association, a vanity set was presented to her. A luncheon was served by the Hospital staff and the Student Nurses' Glee Club sang. **Eau Claire.**—THE TENTH DISTRICT held its December meeting at Sacred Heart Convent. A pretty Christmas program was enjoyed and gifts were put under the tree for two sick members. The January meeting was held at Luther Hospital. Lora Johnson spoke on The Private Duty Nurse. Luncheon was served after the meet-

ing. A series of card parties is being given to help finance the state convention to be held in Eau Claire in June. **THE LUTHER HOSPITAL ALUMNAE** at their January meeting discussed the new nurses' home which is to be started in the spring. **Sheboygan.**—**THE TWELFTH DISTRICT** met on January 6. **Cornelia van Kooy**, State President, spoke on the work in the State Organization and of the statewide campaign for membership. **Ludmilla Hipke** gave a talk on Plantation Nursing. **Miss Hipke** has recently returned from the Hawaiian Islands, where she spent three years on a large sugar plantation.

MARRIAGES

Pearl Allen (class of 1919, Allegheny General Hospital, Pittsburgh), to **Edward G. Lewis**, December 24. At home, Pittsburgh, Pa.

Edna Beattie (class of 1921, Protestant Episcopal Hospital, Philadelphia), to **John McCormick**, January 1.

Carrie E. Bonawitz (class of 1918, Homeopathic State Hospital, Allentown, Pa.), to **Charles W. Locker**, January 13.

Mrs. Martha Dudley Carvin (class of 1909, Woman's Hospital of Philadelphia), to **W. John Wadsworth**, December 22.

Beatrice Russell Daniel (class of 1903, St. Luke's Hospital, Jacksonville, Fla.), to **Charles Albert Rambin**, December 28. At home, Pelican, La.

Pluma M. Deane (class of 1913, Hanscom Hospital, Rockland, Me.), to **Harvey G. Cram**, December 8. At home, Millinocket, Me.

Alice M. Doyle (class of 1900, Heaton Hospital, Montpelier, Vt.), to **Capt. Frank H. Meedy**, January 10. At home, Randolph, Me.

Mary Geis Drews (St. Joseph's Hospital, Baltimore, Md.), to **Amos C. Erkander**, January 3. At home, Saranac Lake, N. Y.

Dorothy Faucette (class of 1920, Woman's Hospital of Philadelphia), to **Thomas Craig Redfern**, M.D., December, 1924.

Harriet R. Groff (class of 1909, Protestant Episcopal Home for Consumptives, Chestnut Hill, Pa.; class of 1912, Milwaukee County Hospital, Wauwatosa, Wis.), to **Reuben H. Gillett**, December 31. At home, East Lansing, Mich.

Ruby Hawkins (class of 1924, Baptist Memorial Hospital, Memphis, Tenn.), to **Wil-**

liam R. Ham, December 28. At home, Memphis.

Esther Elizabeth Heidman (class of 1918, Aultman Hospital, Canton, Ohio), to **Francis Paul Bennett**, M.D., January 2. At home, Alliance, O.

Margaret E. Holland (class of 1924, Howard Hospital, Philadelphia, Pa.), to **George J. Ulmer**, December 4. At home, Minersville.

Agnes Jacobsen (class of 1916, Wesley Memorial Hospital, Chicago), to **James Mead**, January 20. At home, Racine, Wis.

Adelaide Jarvis (class of 1919, French Hospital, New York City), to **Allen McGregor**, December 25. At home, Troy, N. Y.

Helen Jaycox (class of 1924, Wesley Memorial Hospital, Chicago), to **J. Randall Perry**, in December. At home, Corpus Christi, Texas.

Margret Johns (class of 1923, Lakeside Hospital, Chicago), to **Dewey Frese**, December 1.

Ethel M. Jones (class of 1913, University of Pennsylvania Hospital, Philadelphia), to **John Eliason**, December 20. At home, Philadelphia, Pa.

Winifred M. Keith (class of 1922, Aroostook Hospital, Houlton, Me.), to **Angus A. McDonald**, December 24. At home, Millinocket, Me.

Lucile Libberton (class of 1924, Wesley Memorial Hospital, Chicago), to **Owen Stewart**, in January.

Ruth McConnell (class of 1923, Howard Hospital, Philadelphia), to **C. L. Ball**, December 16. At home, Slate Run, Pa.

Sophia Meili (class of 1921, Christ's Hospital, Topeka, Kans.), to **Vere Cooper**, December 24, 1924. At home, Topeka, Kans.

Rose Murry (class of 1919, Ryburn Memorial Hospital, Ottawa, Ill.), to **August Hilfrich**, February 23. At home, Ottawa, Ill.

Viola Olson (class of 1924, St. Paul Hospital, St. Paul, Minn.), to **Arndt Buckler**, December, 1924. At home, Michigan City, Ind.

Edna Palmer (class of 1916, Wesley Memorial Hospital, Chicago), to **John Parker**, in January. At home, South Bend, Ind.

Bertha Pickett (Long Island Hospital, Boston, Mass.), to **Thomas Sheridan**, December 26. At home, Saranac Lake, N. Y.

Lettie Pilchard (class of 1922, Wesley

Memorial Hospital, Chicago), to Charles Kohlenberger, in December. At home, Chicago.

Armenia Leeds Risley (class of 1923, Protestant Episcopal Hospital, Philadelphia, Pa.), to Allen B. Townsend, December 17. At home, Absecon, N. J.

Alice K. Schnieder (class of 1922, Long Island College Hospital, Brooklyn, N. Y.), to R. T. Freeth, January 24. At home, Hempstead, Long Island, N. Y.

Clara Smith (class of 1922, Allegheny General Hospital, Pittsburgh, Pa.), to Robert Wolfe, January 15. At home, Sewickley, Pa.

Judith Stenson (class of 1924, St. Paul Hospital, St. Paul, Minn.), to Arthur Reese, December, 1924.

Florence Thorpe (class of 1921, Army School of Nursing), to Edwin G. Boehnke, January 11. At home, Eugene, Oregon.

Jessie M. VanDerPlaat (class of 1911, Protestant Deaconess Hospital, Indianapolis, Ind.), to Harry Katon, January 31. At home, Tipton, Ind.

Amy Weddle (class of 1922, W. B. Fletcher Sanitarium, Indianapolis, Ind.), to Samuel Geddes, January 21. At home, Indianapolis.

DEATHS

Annie M. Angell (class of 1890, Rhode Island Hospital, Providence, R. I.), at the home of Doctor Hunting, Quincy, Mass., suddenly, from heart trouble, January 20. Miss Angell graduated from the Boston Lying-in Hospital in 1891; she did private duty nursing for years, and then returned to her own school as house mother. Eight years ago, failing health made it necessary to retire and she made her home with Doctor and Mrs. Hunting thereafter. She was a woman of superior education, refinement and culture; she possessed a keen sense of humor and was much loved by all with whom she came in contact.

Edith Jay Blauvelt (class of 1919, Bushwick Hospital, Brooklyn, N. Y.), on December 29, of pneumonia.

Mrs. Charles W. Anderson (Hannah Delia Foy, Essex County Hospital, Cedar Grove, N. J.), on January 25, at White Plains, N. Y. Miss Foy entered army service in January, 1918, and served until November, 1919. She was ill with influenza while in France and was hospitalized in Le Mars. She went to Saranac

Lake for her health in the fall of 1922. In September, 1924, she was married.

Mrs. Mary McCabe Griffin (class of 1909, Rome Hospital, Rome, N. Y.), on December 27, at the Rome Hospital, after a short illness. Mrs. Griffin was President of her alumnae association, and as a member of the Training School Committee, she was keenly interested in the education and welfare of the students, and was instrumental in establishing a Student Loan Fund which, since her passing, has been named in her honor. The Mary Griffin Student Loan Fund. The members of the alumnae association of which she had been an active member and a zealous and untiring worker since her graduation, attended her funeral in uniform and acted as a guard of honor. As the first visiting nurse of the city, her cheerful personality, genuine interest in her work, high ideals of service and skill, carried new hope into desolate homes. Even after her marriage, she found time to seek out unfortunate sufferers and alleviate their pain. To her, nursing was an art. To all who were privileged to call her friend or associate, is left a rich legacy—the memory of a small, modest and unassuming “lady” who carried “the lamp” into many a dark corner, chasing its shadows away.

Mary E. Hunt (class of 1893, St. Luke's Hospital, Bethlehem, Pa.), at Asheville, N. C., February 7, after a long sickness in a Sanitarium. Miss Hunt had done private duty in the District since her graduation and was a most efficient nurse; she was a native of South Carolina. Burial was at Brevard, N. C.

Mrs. Henry Stilwell (Augusta Johnes, Hahnemann Hospital, Chicago), on February 5, after a short illness, from pneumonia. Miss Johnes came to Burlington, Iowa, in 1910, where she organized the Visiting Nurse Association and where she has been a faithful worker ever since. She was married in December, last. Many mourn her loss.

Mrs. Elizabeth Popplebaum McFadden (class of 1911, Norton Memorial Infirmary, Louisville, Ky.), on January 4, following a brief illness of pneumonia. Burial was at Milford, Texas.

Alice McKinster (class of 1922, Norton Memorial Infirmary, Louisville, Ky.), recently. Death was due to burns received when a gas

heater exploded in her apartment. Burial was at Ashland, Ky.

Gertrude McMin (class 1901, Woman's Hospital of Philadelphia, after a brief illness, January 22.

Sister Bertha Schneider (class of 1896, Deaconess Hospital, Cincinnati, Ohio), in October, 1924, at the New Highland Sanitarium, Martinsville, Indiana. Sister Bertha was sent to Indianapolis from her school in 1896 and did private duty for a time. She then took charge of the nursing in the Protestant Deaconess Hospital and Home for the Aged, a little house standing just north of the present Deaconess Hospital. It was while on duty here that she saved the life of a patient suffering from a severe hemorrhage. Her skill and promptness in action before a doctor could be summoned won for her high appreciation from the late Doctor Cook. The patient wished to bestow a gift of money upon her, but as she would not accept it, it was given instead to the Deaconess Society and was used toward the building of the Deaconess Nurses' Home. Sister Bertha's whole nursing life was spent in and about Indianapolis and was always one of service to others. The nurses of Indianapolis are glad to have had so beautiful a character among them for so long a time, and if sometimes they fail to live up to the highest ideal of their profession, it will be well to remember Sister Bertha.

Mrs. George Edwards (Wilhelmina Shug, class of 1908, Lutheran Hospital, Fort Wayne, Ind.), on January 22, at her home in Sturgis, Mich. Burial was at Strawberry Point, Iowa.

Myrtle Smith (class of 1921, Baptist Hospital, Alexandria, La.), on January 24, instantly killed in an automobile accident. Miss Smith did private duty nursing after graduation. She was a charter member of her alumnae. She was lovable and made friends wherever she went, and will be greatly missed by all who knew her.

Inge Christenne Stenson, on November 30, 1924, at Presque Isle Sanatorium, Presque Isle, Maine, after a long illness. Miss Stenson

was a member of the Arlington Nurses' Alumnae and of the Massachusetts State Nurses' Association.

Sophia Story (class of 1895, Michael Reese Hospital, Chicago), on December 7, at the Story Hospital, Mason City, Iowa, following a protracted illness, of pernicious anemia. Miss Story was the first graduate nurse in north central Iowa and, with her sister, Dolly Story, established in 1901 the first hospital, the Story. She carried on her work without interruption until the day when her last illness overcame her. As a pioneer nurse Miss Story was called upon to endure all the hardships of the medical frontier. Her accomplishments during the first years of service were truly heroic. Innumerable instances of her skill and untiring devotion are remembered by those whom she has served. She was widely known and highly esteemed among doctors and nurses of northern Iowa. At her funeral persons of every degree and calling united in paying tribute to one whose many benefactions stand as a permanent monument to her memory.

Mrs. J. T. Miller (Theresa Teasley, class of 1910, Georgia Baptist Hospital, Atlanta, Ga.), on December 5, at her home in East Point, after a brief illness. As a private duty nurse Mrs. Miller was unusually successful and well loved. For the past five years she has been engaged in public health work under the Metropolitan Life Insurance Company. Her high ideals, sweet Christian character and life of active service, made her influence so potent that all who knew her sincerely mourn her loss. It was said of her, that she never had to adapt herself to circumstances, she always fitted, wherever duty called her. The members of the Alumnae Association paid highest tribute to her in a memorial service held on December 30.

Marie Ward (class of 1912, California Lutheran Hospital, Los Angeles, Calif), on December 12, 1924, after an illness of two years. Miss Ward was a faithful and conscientious private duty nurse. Burial was in Wisconsin.

BOOK REVIEWS

A SERIES OF SOCIAL AND HEALTH STUDIES: *The Health of a Neighborhood*, by John C. Gebhart; *Adapting Nutrition Work to a Child Health Program*, by Lucy H. Gillett; *The Growth and Development of Italian Children*, by John C. Gebhart; *Do Height and Weight Tables Identify Undernourished Children*, by Louis I. Dublin and John C. Gebhart; *Protecting the Mother and Child*; *Community Oral Hygiene*; *Health Work for Mothers in a Colored District*; *Tuberculosis, a Family Problem*, by John C. Gebhart; *When Fathers Drop Out*, by William H. Matthews. Association for Improving the Condition of the Poor, 105 East 22 Street, New York. Price, 25 cents each, or \$1.75 for the series.

As a reflection and outgrowth of its far-flung health work, the New York Association for Improving the Condition of the Poor has issued a series of nine publications, in uniform size and binding, which offer searching and honest appraisals either of work undertaken or of studies of vital and pressing social problems. As such they will be welcomed by workers, eager to keep abreast of the late developments in their particular fields, who are daily facing similar problems with which the Association for Improving the Condition of the Poor has already grappled.

In "The Health of a Neighborhood," says Doctor Emerson, "we have an excellent standard survey for use by a district health agency. Each important fact of social, economic, racial and health significance has been presented so that the conclusions and recom-

mendations or remedy easily appear in a mere reading of the record."

The Growth and Development of Italian Children and *Do Height and Weight Tables Identify Undernourished Children?* make a real contribution to the perplexing problem of adequate standards of growth for various social and racial groups and to the question of the degree to which standard weight tables may be relied upon for selecting undernourished children. The latter study is the joint work of the Metropolitan Life Insurance Company and the A. I. C. P.

Adapting Nutrition Work to a Community not only records the results of five years' experience in dealing with malnutrition among Italian children, but offers a carefully worked out methodology for nutrition work. This booklet, the longest of the series, can well be used as a text book for students and workers in the field of nutrition.

Educational nursing for the expectant mother and for the child of pre-school age is receiving more and more attention by both public and voluntary agencies. In *Protecting the Mother and the Child*, six years' experience with both types of service are studied both with regard to methods and results.

Everywhere communities are being urged to provide systematic, preventive dentistry for school children. In *Community Oral Hygiene*, the reader will learn how such a program can be most effectively carried out, what results may be expected and what it will cost, all based upon four years' actual experience in one district in New York City.

Syphilitic infection as a dangerous

complication of pregnancy, and how it can be attacked by prenatal care, medical treatment and follow-up in a joint program of hospitals and a nursing agency, are dealt with in *Health Work for Mothers in a Colored Community*.

The home treatment of tuberculosis is now heralded as the ultimate solution of the tuberculosis problem. The Home Hospital of the A. I. C. P. has blazed the trail in this field. In *Tuberculosis, a Family Problem*, the results of ten years' work in the Home Hospital are carefully analyzed.

"When Father Drops Out" is an intensively human document. It is scientific as well. The report tells of the results of nine years' work with widowed mothers and their children, which was made possible by a grant from the Rockefeller Foundation.

PEDIATRICS FOR NURSES. By John C. Baldwin, M.D. Illustrated. 260 pages. D. Appleton & Company, New York. Price \$2.

In Doctor Baldwin's book *Pediatrics for Nurses*, the author carries out the principle that pediatrics "occupies itself as much with the well child and the preservation of health as it does the sick child." It is rarely that we find a book so full of practical, sensible information for those who are concerned with the care of children. The illustrations are clear and instructive.

The title indicates that this book was written primarily as a text for students, yet the information is so clearly expressed and the style is so appealing to persons capable of intellectual understanding of the principles governing child care, one wonders if this work has

not a place in the hands of the mother as well.

The spirit of optimism created in the mind of the reader should make it especially valuable. Doctor Baldwin makes clear, at the very beginning of the chapter on the normal baby, the difference between *normal* and *average*,—a distinction frequently not understood by mothers when seeking help in medical books.

For the average student the book is an excellent text, especially if the class work covers the detail of nursing procedures. Some students might desire in addition references of a more technical nature.

On the whole this book should prove a most valuable contribution to the rational care of the child.

ELIZABETH PIERCE, R.N.,
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Cincinnati, Ohio.

INVESTIGATION OF NURSING AS A PROFESSIONAL OPPORTUNITY FOR GIRLS. By Florence E. Blazier. Bulletin of the School of Education, Indiana University. University Book Store, Bloomington, Ind. Price, 50 cents.

A careful study of nursing from the vocational point of view. It is divided into two sections. Part I, a technical study, analyzes the typical forms of nursing service, the factors conditioning success in nursing, with graphs illustrating important phases of the problem such as the reasons for withdrawal from schools of nursing, the education of nurses, and the employment of nurses.

Part II discusses the opportunities for girls in the profession of nursing and carries illustrations of a few of the branches of nursing.

THE PRINCIPLES OF ORTHOPEDIC SURGERY. By James Warren Sever, M.D. Illustrated. 203 pages, The Macmillan Company, New York. Price, \$2.75.

Doctor Sever has presented in this text book varied and detailed information upon subjects on which many nurses have had limited instruction during their school course and upon which, until now, it has been difficult to obtain information in any text book for nurses. In the preface the author states the book is not intended as a medical text book but the nurse will find in it many of the accepted methods of treatment and the technic for nursing procedures to be used in the care of orthopedic conditions found in childhood. The book is comprehensive in its scope, touching on many subjects which are not familiar to the average nurse.

One has but to read in the opening chapter the simple classic description of congenital deformities to appreciate the discriminating judgment Doctor Sever has used in the presentation of this subject in a form readily understood by the nurse who will read. The author has followed this plan through the entire text and with the aid of many excellent illustrations the book will be of great value as a text book for special schools and a valuable reference book in the library of any school for nurses.

Many of the illustrations are made from actual cases drawn from the Children's Hospital, Boston, and have a human interest in addition to their educational value. The nursing technic has developed as a result of many years of experience and we regret the description is not always as clear as we would wish for the nurse who must depend upon this text for her only information.

The author has given much time to the instruction of nurses in Boston and it is an opportunity for other nurses throughout the country to have the advantage of so comprehensive a consideration of a subject now recognized as one of primary importance in public health work.

BENA M. HENDERSON,
Milwaukee, Wisconsin.

SCIENCE AND ART OF ANESTHESIA. By Colonel William Webster, M.D., 214 pages. Illustrated. The C. V. Mosby Company, St. Louis. Price, \$4.75.

Colonel Webster states in his preface that his effort is to place "before the medical student and the physician in general, a small manual of anesthesia." With this object in view his condensation of the voluminous information available is well done. The history of anesthesia, delightfully written, is followed by a brief review of the physiology of anesthesia. In giving this, although emphasis is placed on the effect of chloroform (which today is perhaps the least approved anesthetic) other valuable points on metabolism and resuscitation are brought out. The simple chemistry, methods of administration and effects of anesthetics in general use, as well as those less well known, are given in a simple and lucid way.

An excellent chapter on local and spinal anesthesia touches on important points of technic and pathology. Passing on to the selection of the anesthetic the author wisely emphasizes the fact that the physical state of the patient should be the factor in deciding the method of administration. The use of the different apparatus which Colonel

Webster has found useful is given under the caption, Nature of Operation. This, we think, could be elaborated.

In consideration of other important detail such as preliminary medication, pre-operative and post-operative care, the subject matter is simply given and useful points are developed. Post-anesthetic acidosis and hypo-alkalinity are touched upon, pathology and treatment clearly given.

In the Patient's Viewpoint, Colonel Webster writes with sympathy and understanding.

The chapter on Effect of Temperature and Moisture on Post-operative Cases could, we think, be read with profit by those in charge of surgical wards and operating rooms. The difficult matter of defining and caring for cases of surgical shock is briefly touched upon but the points developed are important.

The Art of Anesthesia means to Colonel Webster, as it should to all anesthetists, a proper knowledge of the science, a background of practical experience, and attention to the necessary detail, all so important in securing comfortable and safe anesthesia. The closing chapter deals with the medico-legal aspect of anesthesia. We do not altogether agree with Colonel Webster, but we do respect his opinion.

In summing up the Science and Art of Anesthesia we feel it is a valuable addition to our teaching material. It is our opinion that its scope of usefulness could be extended beyond that of the medical profession, and studied with profit and understanding by members of the nursing profession interested in anesthesia as a science and as an art.

AGATHA C. HODGINS, R.N.,
Cleveland, Ohio.

ANESTHESIA FOR NURSES. By Colonel William Webster, M.D. Illustrated. 153 pages. The C. V. Mosby Company, St. Louis. Price, \$2.

The object of the book, as Doctor Webster states it, is to give to the nurse the essentials of anesthesia so that she may realize the difficulties and dangers that must beset the path of those administering these powerful drugs. Further on in the preface the point is made that it might have a field of usefulness for nurses in districts where, owing to the scarcity of doctors, they are the only ones available for administering anesthetics.

If the first stated reason was the sole object of the author, the book admirably fulfills its mission. If, however, the book must also serve for the second need, we feel that it is too sketchy in regard to the simpler and safer (in inexperienced hands) agents and methods of administration. These as well as the cause and care of possible difficulties and dangers should, we think, be emphasized and necessary procedure more clearly outlined.

The apparatus described throughout the book is, we presume, selected with the object of conveying an idea of the general types in use, rather than that of emphasizing those illustrated.

On one point more we venture to disagree. It is our opinion that no one except the person administering the anesthetic should have the care of the apparatus or be held responsible for its proper functioning.

With this difference of opinion we are happy to commend the book for many valuable points, particularly well given is the chapter on pre-operative and post-operative care. The chapters on medi-

cation, local anesthesia, surgical shock and consideration of the patient's viewpoint can be read with interest and profit by all nurses in training.

Doctor Webster strongly recommends nurses interested in anesthesia as a profession to first study medicine. We emphasize the fact that the study of medicine should surely make the person more valuable in anesthesia but the study of anesthesia (by properly qualified nurses) under proper direction, and after that knowledge is acquired, a deep interest in the work together with a spirit of progress in attaining further knowledge form the essential basic foundation on which a nurse anesthetist should plan her career.

In giving to the nursing profession this interesting and valuable text book, Doctor Webster has made a very distinct

contribution to the education of the nurses in this important work, and for this we are grateful.

AGATHA C. HODGINS, R.N.,
Cleveland, Ohio.

BOOKS RECEIVED

WE AND OUR HEALTH, Books I and II. By E. George Payne, Ph.D. Book I, 86 pages; Book II, 133 pages. American Viewpoint Society, New York City. Price, \$1 each.

These well illustrated little books contain much valuable information that would be useful as supplementary reading for the middle elementary grades. From the more advanced educational viewpoint, it seems unfortunate that health habits were not made attractive rather than matters for so much "Do This" or "Do That."

APPLIED PSYCHOLOGY FOR NURSES. By Donald A. Laird. 236 pages. Illustrated. J. B. Lippincott Company, Philadelphia. Price, \$2.50.

GUIDE TO HOSPITAL CLEANING METHODS

The Report of the Special Committee on Cleaning (Bulletin No. 60) of the American Hospital Association is now available. It contains exceedingly valuable data on "Cleaning of Floors, Walls, Windows, Window Screens, Rugs, Carpets, Upholstered Furniture, Plumbing and Metals," "Terminal Disinfection," "Laundry," "Care of Surgical Instruments and Rubber Goods," "Cleaning of Dishes and Kitchen Utensils." It may be secured by writing to the American Hospital Association, 22 East Ontario Street, Chicago, Ill. Price, 50 cents.

A NEW NURSING JOURNAL

From Rachel Torrance comes the first number of *Sestra* (Nurse) the official organ of the Bulgarian Nursing Association, "Florence Nightingale," and thus nursing in yet another country expresses its professional self-consciousness, its spirit and its ideals.

It is a modest magazine and makes its entry into the world without flourish of trumpets in a fashion quite in keeping with the motto of the organization, "Serve with self-denial for the greatest human blessing—health," but it is just cause for pride on the part of its sponsors. The magazine is edited by Boiana Christova, a pupil of Helen Scott Hay, who pioneered in the education of nurses in Bulgaria in the pre-war days. Miss Christova, through the generosity of the League of Red Cross Societies, has had the one-year international course in London, England.

Koustauka Pachdjewa, the first president of the association, is now at Teachers' College, New York, on a Red Cross scholarship.

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